Management of the Delivery of National Digital Systems

Final Internal Audit Report

2025/26

Swansea Bay University Health Board

Substantial Assurance

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Executive Summary

Purpose

To review the coordinated planning process, engagement with Digital Health and Care Wales (DHCW) and associated governance arrangements, and the mechanisms in place to manage resource requirements, monitor delivery, and mitigate the impact of delays in national digital programmes.

Overview

NHS Wales continues to invest in the development and deployment of national digital systems to support integrated care, improve service delivery, and enhance data-driven decision-making. Most of these systems are led and delivered by DHCW and represent key enablers of strategic transformation. Their successful implementation depends on effective coordination, planning and engagement between national bodies and individual Health Boards.

Within this context, Health Boards are required to align local planning with evolving national programme requirements, manage workforce and financial pressures, and respond to dependencies and delivery risks that may sit beyond their direct control.

We have concluded **substantial** assurance in this area. Audit work included a structured review of governance arrangements and engagement activity across key national programmes, including the Laboratory Information Management System (LIMS), Radiology Informatics System Programme (RISP), the Welsh Community Care Information System (WCCIS), Digital Maternity and the NHS App, through examination of programme board papers, planning documentation and supporting records.

Swansea Bay University Health Board (the 'health board') has established well-developed and effective arrangements across all key areas reviewed. Structured engagement mechanisms are in place and operating effectively, supported by coordinated planning and timely involvement in national programme activity. Workforce and financial planning processes are proportionate and responsive, aligning resource allocation with the level of programme maturity and available information.

Monitoring and reporting requirements provide clear visibility of delivery progress, risks, and dependencies, enabling issues to be identified, escalated, and actively managed through established governance routes. Risk management processes are also well embedded, with clear identification, assessment, and mitigation of risks associated with national programme delivery, including their broader organisational impact.

National programme delivery continues to be influenced by wider system factors, including evolving programme definitions, multiple delivery routes, interdependencies, and nationally driven timelines. Within this environment, the health board demonstrates effective oversight and control within the limits of its direct influence, with arrangements that are responsive and adaptable to changing conditions.

One opportunity for enhancement has been identified that does not impact the overall opinion and is highlighted for management information:

- Strengthen arrangements for the early identification, capture and review of emerging national programme activity to improve forward visibility and support more proactive workforce and financial planning.

Scope & Assurance Summary

Objectives (The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.)		Related Findings	Assurance
1	A structured process is in place to coordinate with DHCW on the development and implementation of national systems, ensuring alignment and timely engagement.	-	**Substantial**
2	The resources required for the deployment and ongoing support of national systems are identified in advance and appropriately funded and / or allocated to support timely implementation.	-	**Substantial**
3	Progress on delivery plans for national systems is actively monitored and reported to ensure that issues and delays are identified, escalated locally and nationally, and resolved on a timely basis.	-	**Substantial**
4	Risks associated with delays to national systems are identified and managed to minimise impact on strategic delivery and operational performance.	-	**Substantial**

Key National Systems - At a Glance

LIMS – Laboratory Information Management System
A national system supporting the management and reporting of pathology and laboratory services across NHS Wales. It underpins diagnostic services and is critical to clinical decision-making, with significant implications for service delivery, workforce and infrastructure.

RISP – Radiology Informatics System Programme
A national programme to deliver an integrated radiology information and imaging system across Wales, supporting diagnostic imaging, reporting and sharing of scans. The programme is complex and high-value, with dependencies on infrastructure, suppliers and clinical workflows.

WCCIS – Welsh Community Care Information System
A national system designed to support integrated health and social care records across Wales, enabling information sharing between organisations and supporting community-based care delivery.

Digital Maternity (BadgerNet)
A national digital maternity system used to support the management of maternity care records. It enables the capture, sharing and standardisation of maternity data across health boards and supports national reporting, clinical decision-making and service improvement initiatives.

NHS App (Wales)
A national digital service enabling patients to access healthcare services, information and personal records electronically. Its development forms part of wider digital access and patient engagement initiatives.

Findings & Agreed Action Plan

Objective 1: A structured process is in place to coordinate with DHCW on the development and implementation of national systems, ensuring alignment and timely engagement.	**Substantial**

Engagement with DHCW is embedded across a range of complementary mechanisms operating at strategic, programme and operational levels. These include bi-monthly strategic planning discussions, national programme and project boards, and supporting workstream activity. In particular, bi-monthly strategic planning discussions provide a structured forum for ongoing dialogue on national programme priorities, enabling the health board to raise delivery constraints, understand emerging plans, and, where possible, influence timelines and sequencing. Reporting and planning documentation, including Digital, Data, Research and Innovation (DDRI) Committee papers and Integrated Medium-Term Plan (IMTP) updates, demonstrates that these mechanisms operate within routine governance and planning cycles, providing visibility of programme developments, timelines, and emerging risks.

Audit testing included a review of governance arrangements and engagement activity across key national programmes, including LIMS, RISP, WCCIS and the NHS App, through examination of programme board papers, planning documentation and supporting records. Based on the sample reviewed, representation at national programme forums was aligned to engagement and coordination requirements. Designated health board representatives act as the formal organisational interface with national programmes, contributing to discussions, receiving updates, and communicating developments back into local governance structures. Digital Services provides a central coordination role, supporting representatives through the provision of information, consolidation of organisational positions, and alignment of stakeholder input.

National programme activity is integrated within established health board governance arrangements. Programme updates, risks, and delivery impacts are reported through programme boards and escalated through the Digital Leadership Group, Management Board and DDRI Committee as appropriate. This ensures national programme delivery is considered alongside local priorities and subject to appropriate organisational oversight.

The health board also demonstrates effective coordination and management of information received and engagement requests from national programme leads. Digital Services acts as a central coordination point, ensuring that requests are disseminated to relevant stakeholders, responses are consolidated and quality-checked, and outputs reflect a consistent organisational position. Programme governance records and internal correspondence indicate that requests are tracked through to completion or escalation, supported by clear ownership. ongoing follow-up and timely progression in line with governance processes.

As part of audit testing, a structured review of national digital system planning activity was undertaken across a range of health board strategies, IMTP submissions and governance documents between 2017 and 2026. This included analysis of how the key national systems have emerged and been reflected within planning documentation as programme definitions have developed. The review tracked the progression from early strategic references through to more defined incorporation within IMTP submissions, Digital Strategy updates and governance reporting, supported by evidence from programme and committee documentation.

This analysis demonstrated that national programmes are incorporated within IMTP submissions, Digital Strategy updates, and governance reporting once sufficiently defined. Planned and structured programmes are generally reflected earlier within planning cycles, enabling more proactive alignment, while programmes introduced at pace or through national mandate are incorporated at a later stage, requiring adjustments to planning assumptions and delivery timelines.

Across the period reviewed, engagement with DHCW was observed to be continuous and embedded rather than sporadic, with national programme activity consistently reflected across planning, governance and reporting processes.

While variability in the timing and clarity of national programme requirements can affect the extent and timing of alignment, this reflects wider system characteristics, including evolving programme definitions, parallel planning cycles and nationally driven timelines, rather than weaknesses in the health board's arrangements.

Overall, processes are well established and operating effectively in practice, enabling the health board to coordinate with national programme stakeholders, align local planning and manage engagement within the limits of its direct influence.

Objective 2: The resources required for the deployment and ongoing support of national systems are identified in advance and appropriately funded and / or allocated to support timely implementation.	**Substantial**

Effective and proportionate arrangements are in place to identify, plan for, and manage the workforce and financial resources required to support the deployment and ongoing delivery of national digital systems.

The health board demonstrates consistent engagement with national programmes, with resource requirements articulated through DHCW documentation once programmes reach sufficient maturity. IMTP planning documentation, in-year monitoring, and governance reporting show that these requirements are incorporated into planning processes where adequately defined.

Workforce planning arrangements are structured and responsive to the level of information available. Detailed workforce assumptions are aligned to confirmed programme timelines, while emerging or less clearly defined requirements are reflected within planning assumptions at an appropriate level. Mechanisms are in place to identify, monitor and escalate workforce capacity and capability pressures, supported by governance and risk management processes.

Financial planning and monitoring arrangements demonstrate a similar level of control. IMTP financial plans, alongside Management Board and Performance and Finance Committee reporting, indicate that national digital programmes are recognised as cost drivers once financial information becomes available. Where national funding does not fully cover local delivery costs, the financial implications, including affordability and opportunity costs, are clearly identified and considered at an appropriate executive level.

Reporting to the DDRI Committee and Corporate Risk Register entries show that financial risks arising from national programme delays, changes in delivery models, or phased implementation are actively analysed, quantified and monitored over time. Engagement with national bodies in relation to funding and cost recovery is structured and proactive, with no evidence of unreported or unsupported expenditure associated with national systems.

The timing and clarity of national programme workforce and financial requirements vary across programmes and are dependent on development, approval, and funding timelines. This is particularly evident in early-stage programmes, where governance structures and requirements are less clearly defined and visibility of emerging resource implications is more limited. Audit work on programme representation indicated that governance arrangements are effective for established programmes, while clarity of roles, decision-making routes, and forward visibility can be more variable during early programme phases.

National programme governance structures typically specify representation based on role or job title through terms of reference. Discussions with management indicated that, in some cases, this may not fully align with the level of decision-making authority required for certain programme decisions, requiring the health board to determine the most appropriate representative based on capability and authority to support effective engagement.

While this variability reflects wider system factors rather than deficiencies in health board arrangements, there is an opportunity to further strengthen internal processes for identifying and managing early-stage national programme activity, particularly where programmes may emerge

through multiple routes, including DHCW governance processes, Welsh Government mandates, national clinical or service-led initiatives and local service engagement. While mechanisms are in place to capture emerging activity, they do not always provide consistent or timely visibility prior to formal programme definition. Strengthening the capture and review of this early-stage activity would improve forward visibility of emerging requirements and support more proactive workforce and financial planning.

Overall, workforce and financial planning arrangements are well established and operating effectively, with controls aligned to the level of available information and the maturity of national programmes. Financial and workforce risks are appropriately identified, monitored and managed through established governance structures.

Objective 3: Progress on delivery plans for national systems is actively monitored and reported to ensure that issues and delays are identified, escalated locally and nationally, and resolved on a timely basis.	**Substantial**

Monitoring and governance arrangements are in place to oversee national digital programme delivery and manage the risks and impacts arising from this activity.

Structured reporting provided by DHCW, alongside internal programme, portfolio and corporate risk management processes, provides ongoing visibility of delivery status, risks, and dependencies across national systems. Programme governance documentation, DDRI reporting and corporate risk processes show that delivery updates, changes to timelines and emerging risks are consistently captured and reflected across reporting cycles.

Monitoring arrangements are operating effectively in practice, with issues identified, recorded and progressed through established governance routes. Programme and governance records demonstrate that issues arising from national programme delivery are articulated in terms of local impact, assigned ownership where appropriate and tracked across successive reporting periods. Escalation pathways are clearly defined, enabling issues to be raised through programme boards, management forums, and national governance structures in line with their materiality and impact.

Ongoing engagement with DHCW, suppliers, and delivery partners supports the active management of issues, ensuring that local constraints, dependencies, and implementation challenges are communicated and considered within wider programme discussions. This includes escalation of delivery pressures, changes in sequencing and readiness challenges where these affect local delivery.

National programme delivery continues to be influenced by wider system factors, including programme complexity, interdependencies, and evolving governance arrangements. Evidence from Welsh Government accountability reporting confirms that delays to major collaborative programmes persist despite strengthened governance and oversight, reflecting system-wide challenges rather than limitations in local monitoring or escalation processes.

This position is consistent with the wider NHS Wales Digital Strategy and Blueprint development, which recognises the complexity of the current digital landscape, fragmented delivery routes, and the need for improved end-to-end coordination and visibility across national programmes. Within this context, local monitoring arrangements operate within a developing national framework, where programme sequencing, dependencies, and delivery models continue to evolve.

Within these constraints, the health board demonstrates effective oversight of national programme delivery within its sphere of influence. Monitoring arrangements are well established and responsive, supporting the timely identification, escalation, and management of programme risks and issues.

Objective 4: Risks associated with delays to national systems are identified and managed to minimise impact on strategic delivery and operational performance.	**Substantial**

Risk management arrangements are in place to identify, assess, and manage risks arising from dependencies on national digital programmes and their impact on delivery.

Risks associated with national systems, including the LIMS, RISP and WCCIS, are clearly identified within the health board's risk management framework. Risk descriptions explicitly reflect dependencies on national delivery timelines, funding arrangements, supplier performance, and technical integration.

These risks are integrated within established governance arrangements, with escalation from the Digital Services Risk Management Group to the Corporate Risk Register and onward reporting through the DDRI Committee. This ensures that risks relating to national programme delivery are visible at both operational and strategic levels and linked to wider organisational risk profile.

Risk review processes are well established, with risks subject to regular reassessment through governance cycles. Updates to risk descriptions, likelihood, and impact scores reflect changes in programme timelines, funding assumptions and delivery dependencies. DDRI reporting and risk register updates demonstrate that risk exposure is actively reviewed in response to evolving national programme conditions.

Mitigation actions are clearly defined, with assigned ownership, target dates and progress tracking. Programme documentation, risk registers, and governance reporting show that mitigation activity is monitored across programme, operational, and corporate governance routes, ensuring that risks are actively managed and progressed to resolution or appropriate mitigation.

Risk management processes also reflect the wider organisational context in which national systems are delivered. Risk narratives incorporate impacts on clinical services, operational continuity, workforce capacity, and regulatory requirements, demonstrating that risks are assessed beyond technical delivery considerations. Updates to mitigation plans and risk scoring reflect changes in service readiness, resource availability and implementation conditions.

As noted previously national programme delivery continues to be influenced by wider system factors. Within this context, the health board demonstrates a responsive and adaptive approach to risk management. Risk assessments and mitigation actions are updated in line with changing programme conditions, with proportionate escalation applied where risks are assessed as material.

Overall, risk management arrangements are well established and operating effectively, ensuring that risks associated with national digital programme delivery are identified, monitored, and managed within the limits of the health board's direct influence.

Appendix A Assurance Opinion & Prioritisation of Findings

Assurance Opinion

	**Substantial**	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
	**Reasonable**	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
	**Limited**	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
	**Unsatisfactory**	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
	**Advisory**	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

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