

# Digital Literacy

## Final Internal Audit Report

2025/26

Cardiff & Vale University Health Board



### Advisory

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### Review Reference

CVU-2526-07

### Fieldwork

November - December 2025

Executive Sign Off

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# Executive Summary

## Purpose

Review the plans to assess and improve the level of digital literacy within the Health Board to prepare the organisation for digital transformation.

## Overview

The organisation currently lacks a consistent, coordinated, and role specific approach to assessing digital literacy and capability across its workforce. Although multiple strategic plans, including the People and Culture Plan 2022–2025, Digital Strategy 2020-2025, Digital Foundations Programme, and the Health Board’s Annual Plan 2025/26, all identify improving digital literacy / capability as an objective, progress towards establishing a digital skills framework and conducting an organisation wide assessment has been limited. Attempts to use the HEIW Digital Capability Framework (DCF) have resulted in low engagement, preventing meaningful analysis. Without an agreed organisational assessment method or clear role-based expectations, it remains difficult to understand staff digital literacy and capability at scale or determine where training is most needed.

In the absence of central coordination, several localised assessments and training initiatives have emerged. While these efforts demonstrate initiative and highlight genuine need, they are isolated, resource-intensive, and do not contribute to a cohesive organisational picture.

Plans by the Education, Culture and Organisational Development (ECOD) Team to establish a Digital Capability Workgroup/Project represent an important step toward creating a unified assessment approach. However, it is recognised that this will be a substantial undertaking for the team and will require significant resource. For this work to be successful, it will require strengthened collaboration across Digital, People and Culture, and wider operational teams, supported by clear and consistent communication with staff.

Although a considerable amount of digital training exists, stakeholders highlighted issues with accessibility, format, communication, and time. Limited awareness of available support and training, as well as small training teams with stretched capacity may limit uptake. Staff who do not regularly access SharePoint (the intranet site) or the IT portal (Ivanti) face additional barriers as this is where the training is available and shared.

The absence of a digital literacy baseline makes it challenging to determine whether existing training is aligned with organisational needs or targeted at the right staff groups. With training resources already constrained, prioritisation is essential. Defining a clear organisational expectation for digital literacy by role, and understanding where staff currently stand, will be critical to ensuring training is purposeful, accessible, and impactful.

As this is an advisory review no assurance rating is provided. We have identified opportunities that the Health Board may wish to take forward to strengthen processes, and these are detailed within the Findings & Management Considerations section.

## Scope & Assurance Summary

### Objectives

### Related Opportunities

1	A process is in place to assess the digital literacy of staff against the requirements of their role and the required investment in training and development is reflected in the Health Board’s digital transformation plan.	1, 2, 3, 4,
2	Training and development is in place for staff to improve their digital literacy.	5, 6, 7, 8, 9

### Themes



### Risk Types

Quality or Safety Issues

Public Perception & Reputational Risk

# Findings & Management Considerations

**Objective 1:** A process is in place to assess the digital literacy of staff against the requirements of their role and the required investment in training and development is reflected in the Health Board's digital transformation plan.

## Overview / Summary of Observations

There is currently no agreed or consistent approach to assessing staff digital literacy or capability across the organisation. The Building a Digital Workforce section of the People and Culture Plan (2022–2025) outlined aims to develop a digital skills framework, conduct a skills assessment to map staff competencies against that framework and subsequently provide training opportunities and materials. However, discussions with colleagues in People and Culture confirmed that this work is still in its early stages, with a project to assess the workforce's digital capability only now being planned. Plans to use the national HEIW Digital Capability Framework self-assessment tool (Y Ty Dysgu) have not progressed as intended. This is evidenced by the low completion rate (323 out of more than 17,000 staff in November 2025) which prevents meaningful analysis. Feedback from stakeholders on why they felt uptake was low indicated that the HEIW Digital Capability Framework self-assessment is time-consuming to complete, does not provide sufficiently detailed results to analyse by Clinical Board, team, or role, and is not tailored to specific roles, meaning some questions are irrelevant for certain staff groups, and so may not be fit for purpose and practical in identifying the digital literacy needs for the organisation. While the Education, Culture and Organisational Development (ECOD) team plans to establish a Digital Capability Workgroup/Project to explore alternative options for assessing staff's digital literacy/capability, no consistent organisational approach for role-based profiling has yet been agreed or communicated.

The requirement to improve digital literacy is contained within a number of Health Board plans and documents. In addition to the People and Culture Plan (2022–2025), the Digital Foundations Programme which was developed by Digital Transformation Team and outlines a five year roadmap from 2026/27 to 2030/31 also identifies improving staff digital literacy as an underlying aim, aligned with progression through the Healthcare Information and Management Systems Society (HIMMS) Electronic Medical Record Adoption Model (EMFRAM) maturity stages. This plan is yet to be agreed by Welsh Government and will require this agreement for funding. In addition, the organisation's Digital Strategy 2020–2025 outlined intentions to 'invest in the digital health literacy of our health and care staff' and highlights the need to enable staff to use digital solutions. The Health Board's Annual Plan 2025/26 similarly includes an ambition to 'enhance digital literacy across all roles, including frontline and administrative staff', alongside other related priorities.

Despite digital literacy featuring across multiple strategic plans in different areas of the organisation, communication between the People and Culture and Digital teams appears limited. As a result, both teams may independently pursue similar goals around digital literacy, capability, and skills development, and subsequently risk duplication of effort and inconsistent messaging for staff. To address this, there should be clear and visible agreement on which part of the organisation is leading the work to assess and improve staff digital literacy, including responsibility for the approach, delivery, and associated training, so that staff across the organisation understand where this work sits and who to look to for guidance and support.

As part of our fieldwork, we spoke with multiple staff members within the organisation, and during these discussions, confidence, culture, and time were regularly highlighted as barriers to improving digital literacy. It was highlighted that many staff lack confidence in using new digital tools, applications, or systems, often due to concerns about making mistakes or causing issues. This hesitation can prevent them from exploring or adopting new functionalities. Some staff do not perceive a need to develop digital skills they have not previously required. Encouragement

from senior leaders will be important in addressing this and changing the culture. Feedback also highlighted the value of clearly presenting the benefits and opportunities of new systems and involving end users early in the development and testing stages. It was frequently reported that limited time to complete training or engage in digital development activities is a barrier and this was flagged in an update provided by the Surgery Clinical Board (CB) to the People and Culture Committee, where the CB highlighted that one of their challenges is a 'lack of capacity and capability to maximise the potential with digital solutions'. Similarly, the teams responsible for creating and facilitating training highlighted that they face time constraints.

Some encouraging initiatives across the organisation were outlined during our fieldwork, with several teams proactively exploring ways to understand staff digital skills and confidence. For example, localised work has included a Nursing Digital Skills Survey conducted prior to the WNCR and ePMA rollout (422 responses, representing around 8% of the nursing workforce at the time), as well as a historical Therapies Directorate questionnaire focusing on M365 capabilities. These activities show that teams have been thinking about digital literacy for some time and are committed to identifying gaps and supporting staff.

However, people also reflected that progress at an organisational level has sometimes felt slow or unclear, leading some areas to develop their own local solutions. While these surveys generated useful insights, they were limited in scope and not brought together to create a single, comprehensive view of digital capability across the Health Board. As work begins on a coordinated approach, these early efforts provide valuable learning and a useful foundation for the next phase.

As previously highlighted, the ECOD team plan to establish a Digital Capability Workgroup/Project to explore how to assess and ultimately progress with improving the digital literacy of staff within the organisation. It is recognised that this will be a substantial undertaking for the ECOD team and will require significant resource. For this to be successful, it will require engagement from teams across the organisation and clear, consistent messaging from the outset. In particular, visible endorsement and instruction from senior leaders will be essential to encourage staff participation and ensure the project benefits from meaningful input from all areas of the organisation. A recurring issue raised in stakeholder discussions was that staff were often unaware of the digital training or support being provided by different services, highlighting the importance of coordinated communication.

Feedback from fieldwork highlighted several considerations for any future digital literacy assessment approach:

- Engagement from staff across the organisation and clear communication will be essential. This should include visible endorsement and direction from senior leaders to encourage staff participation.
- Digital literacy requirements vary by role; assessments should be tailored accordingly.
- The assessment platform must be accessible to all staff, with support available for those at the early stages of their digital development.
- Time allocation for completion is critical; the 45-minute HEIW DCF self-assessment was considered too long.
- Reliance on the intranet (SharePoint) for communication may exclude staff who do not regularly access the platform; alternative channels should be considered.

Opportunities for Management Consideration	Risk & Impact	Management Action
<p>1 <b>Digital Literacy/Capability Assessment</b></p> <p>There should be a clear, agreed, and consistent approach across the organisation for assessing staff digital literacy and capability. While the Building a Digital Workforce section of the People and Culture Plan (2022–2025) outlines intentions to develop a digital skills framework and conduct a skills assessment to map staff competency, progress remains at an early stage. Given that other strategic plans also identify improving digital literacy as a priority, it is recommended that this work is formalised, resourced, and prioritised to enable the development and implementation of a standardised assessment methodology across the Health Board.</p> <p>If the HEIW Digital Capability Framework self-assessment tool is not fit for purpose, then this needs to be communicated with them and new assessment created to capture the current digital literacy of staff throughout the organisation.</p>	<p>The absence of a consistent digital literacy assessment risks unclear capability baselines, misaligned training, inefficient resource use, and reduced readiness for digital transformation.</p>	<p><b>Agreed Action:</b></p> <ol style="list-style-type: none"> <li>1. Meet with HEIW to explore future plans for increasing digital capability across NHS Wales, revisit concerns re: the national tool and to explore HEIW support for UHB work.</li> <li>2. Explore role-based skills assessments undertaken by other NHS Wales organisations e.g. ABUHB and local external providers e.g. Cardiff and Vale College.</li> <li>3. Development of a Digital learning Academy (DLA) (as per point 2) and multi-professional faculty to host and lead this stream of work.</li> <li>4. Mapping workshop with key stakeholders to develop and agree the UHB approach to the assessment of baseline digital proficiency skills, the resource required and current capacity to support.</li> <li>5. Work with DLA Faculty to refine a quality improvement-based programme of work to undertake an inclusive assessment across all roles, which is based on existing capacity only. Develop options appraisal which articulates programme potential with additional resource.</li> </ol> <p><b>Expected Evidence of Implementation:</b></p> <p>Digital Literacy and Capability Assessment Project Plan and outcome measurement.</p> <p><b>Officer:</b></p> <p>Lisa Franklin (Head of Education)</p> <p>Angela Parratt Director of Digital Transformation</p>
<p><b>Theme:</b> Performance Monitoring</p>	<p><b>Control Design</b></p>	<p><b>Target Implementation Date:</b> Workshop by 30/04/26 and Project Plan by 31/05/26.</p>

2	<p><b>Clarify Leadership and Strengthen Coordination for Digital Literacy</b></p> <p>The organisation should formally identify and communicate which part of the organisation holds responsibility for leading efforts to assess and improve staff digital literacy. This includes accountability for the overall approach, delivery, and associated training. Clear and visible ownership will ensure staff understand where this work sits, who is leading it, and where to seek guidance and support.</p> <p>In addition, the Health Board should improve communication and coordination between Digital Services and People &amp; Culture to ensure a unified approach. While their objectives may differ, both share the overarching goal of enhancing staff digital capability. Coordinated working, overseen by the designated lead service, will help avoid duplication, ensure consistent messaging, and provide a single point of accountability for digital literacy initiatives.</p>	<p>Unclear ownership and poor coordination on digital literacy risk fragmented efforts, duplicated work, inconsistent messaging, and reduced staff confidence, ultimately slowing progress and limiting the Health Board's ability to improve digital capability.</p>	<p><b>Agreed Action:</b></p> <p>Development of a UHB Digital Learning Academy (DLA) which is jointly led by Education and Digital Services. The Academy will be led by a multi-professional faculty who will lead an inclusive UHB wide digital literacy and capability assessment.</p> <p><b>Expected Evidence of Implementation:</b></p> <ul style="list-style-type: none"> <li>▪ Digital Learning Academy SharePoint.</li> <li>▪ Terms of Reference for the Faculty and Minutes of Faculty meetings</li> <li>▪ Project plan</li> </ul> <p><b>Officer:</b></p> <p>Lisa Franklin (Head of Education)</p> <p>Angela Parratt (Director of Digital Transformation)</p> <p><b>Target Implementation Date:</b></p> <p>Baseline Academy structure to be launched by 1<sup>st</sup> June 2026</p>
	<p><b>Theme:</b> Governance</p>	<p>Control Operation</p>	
3	<p><b>Creating a New Digital Literacy Assessment</b></p> <p>If it is decided to create a new digital literacy assessment, it should consider:</p> <ul style="list-style-type: none"> <li>• Identifying core competency areas, such as basic IT skills, information literacy, cyber security awareness, and any specialised skills.</li> <li>• Defining baselines, requirements, and targets for staff by role, aligned to the competency areas above to ensure relevance</li> <li>• Tailor the assessment to the staff members role, so that questions are relevant.</li> </ul>	<p>A new digital literacy assessment may increase administrative workload and will require staff engagement; however, it could improve skills visibility, target training effectively, and enhance organisational digital capability if</p>	<p><b>Agreed Action:</b></p> <ol style="list-style-type: none"> <li>1. Explore existing NHS Wales assessment methodologies as per section 1.</li> <li>2. Explore the use of JISC with Cardiff and Vale College.</li> <li>3. Finalise approach and project plan development with DLA Faculty as per section 1.</li> </ol>

<ul style="list-style-type: none"> <li>• Mandating completion of the assessment (for example, through the PADR or induction process).</li> <li>• Ensuring the assessment is time-efficient to complete.</li> <li>• Involving staff from across the organisation in testing the assessment and provide a clear feedback channel for changes to be suggested, helping to avoid issues experienced with the HEIW DCF self-assessment.</li> <li>• Automating the issuing, chasing and collecting of the results to reduce the time resource required to collect the assessment results.</li> </ul>	<p>well-designed and automated.</p>	<p><b>Expected Evidence of Implementation:</b></p> <p>Project plan and progress reports.</p>
<p><b>Theme:</b> Strategy</p>	<p>Control Design</p>	<p><b>Officer:</b> Lisa Franklin (Head of Education) Angela Parratt (Director of Digital Transformation)</p> <p><b>Target Implementation Date:</b> Commence phased assessment by 30/06/26 and complete by 31/12/26</p>
<p>4 <b>Digital Capability Workgroup/Project</b></p> <p>The ECOD team are planning on initiating a project to assess the digital capability/literacy of staff within the organisation. While it is in its early stages, the following will need to be considered (as well as the points highlighted within other Management Considerations):</p> <ul style="list-style-type: none"> <li>• There will need to be engagement from staff across the organisation and clear communication will be essential.</li> <li>• The purpose and benefits of completing the assessment will need to be communicated with staff, also highlighting that this is a supportive tool to help with development.</li> <li>• Staff with all levels of digital literacy need to be considered, ensuring the assessment is inclusive and does not disadvantage any groups.</li> <li>• The assessment platform will need to be accessible to all staff, with support available for those at the early stages of their digital development.</li> <li>• Time allocation for completion is critical; the 45-minute HEIW DCF self-assessment was considered too long.</li> <li>• Reliance on the intranet (SharePoint) for communication may exclude staff who do not regularly access this platform; alternative channels should be considered.</li> </ul>	<p>If the digital capability project is not well designed, accessible, and clearly communicated, engagement may be low, role needs may be overlooked, and the assessment may fail to provide a reliable baseline for staff.</p>	<p><b>Agreed Action:</b></p> <ol style="list-style-type: none"> <li>1. Project will be led by the DLA Faculty. As per previous sections.</li> <li>2. Identify subject matter experts/champions working across professional groups who can join the academy and work in collaboration with the faculty to enable an inclusive role-based approach to assessment and training.</li> <li>3. Work with responsible executives to clarify and articulate the digital literacy and capability responsibilities for all leadership levels across the UHB.</li> <li>4. Undertake a risk assessment with the DLA Faculty so that risks associated with limited capacity to deliver are clearly articulated and understood.</li> </ol> <p><b>Expected Evidence of Implementation:</b></p> <p>Inclusive quality improvement implementation plan and assessment completion rates.</p>

<ul style="list-style-type: none"> <li>Clear, quantifiable success measures should be defined, including how results will be reported and used to inform future development.</li> </ul>		<b>Officer:</b> Lisa Franklin (Head of Education) Angela Parratt (Director of Digital Transformation)
<b>Theme:</b> Strategy	Control Design	<b>Target Implementation Date:</b> Launch project by 31/05/26

## Objective 2: Training and development is in place for staff to improve their digital literacy.

### Overview / Summary of Observations

Digital training and guidance for systems and applications is available through the organisation's intranet site under the 'My Digital Gateway' page and includes IT help guides, how-to videos, and information on Microsoft 365 (M365) applications such as Excel, Teams, and OneDrive. However, without a dedicated organisational digital literacy assessment, training may not fully identify or address specific skill gaps required for different staff roles. Certain stakeholders indicated that gaps in staff digital skills may already be known by operational managers, and this information could be collated to support wider decision-making as part of the assessment process.

The People and Culture Plan 2022-25 highlights that: 'We will develop innovative digital and blended educational experiences which can be easily accessed and provide a flexible means of learning for our workforce.' Despite this, results from the 2024 NHS Wales Staff Survey shows that 22.1% of staff felt unable to access the right learning and development opportunities when needed, with no improvement from the previous year (the NHS Wales Staff Survey 2025 results were not available at the time of fieldwork). Although the survey question is not directly linked to digital training, it is still relevant and aligns with feedback from stakeholder discussions.

There are positive examples of services taking initiative in this space. One directorate, for example, proactively designed and delivered its own OneDrive training in the absence of centrally provided M365 training support. Although this required significant local effort, staff feedback from the follow-up survey was extremely positive, suggesting that this approach could be leveraged more widely, while recognising the resource implications involved. In relation to M365 training, it was highlighted during multiple discussions that there was clear enthusiasm for developing shorter, bitesize M365 training sessions to make learning more accessible. However, during a meeting with the M365 Team they reported that, although demand exists and such sessions could reduce direct requests for support from their team, they do not currently have the resources to develop them and there is no agreed provider for external support. It is recognised that the M365 Programme intranet page includes a link to the DHCW Centre of Excellence (CoE) page, which includes training information and short videos on M365 applications and processes, however, these are not targeted and may need to be promoted more amongst the workforce more.

Further discussions reinforced that development and facilitation of digital training provision is constrained by limited resources. For example, the IT Training and Implementation Team consists of two members of staff and faces challenges in updating their online content and meeting demand. The training they offer is primarily delivered for specific digital systems (Patient Management System and related systems), typically following Ivanti (IT Portal) submitted requests. However, survey findings from nurses and midwives prior to the WNCR and ePMA rollout showed that many were unfamiliar with Ivanti and lacked confidence in accessing support through the portal (albeit this survey was undertaken in late 2023). Communication of available training was noted as a key issue in discussions, with uncertainty around who provides what training and

where to find it, with a reliance on SharePoint and the IT Portal (Ivanti), which some staff (who are not office based) do not regularly access and may not know how to navigate.

Another issue raised was the ability of Clinical Boards to procure their own digital systems independently. As a result, digital teams are often unaware of new systems and therefore unable to offer training or support. Although the People and Culture Plan included an objective to 'identify and quantify the systems already in use' to support digital readiness, there is no evidence that this work has been completed. While digital teams may hold some (or all) of this information, it has not been shared, and it will be difficult to develop innovative digital and blended educational experiences for systems teams are unaware of.

Despite these challenges, a significant amount of work is underway to support staff in developing new digital skills and improving their digital literacy. The rollout of the ePMA and WNCR systems were highlighted as a strong example of effective digital implementation, with the implementation team (ePMA Nursing and Clinical Informatics Teams) delivering thousands of training and support sessions to clinical staff. The team also noted the valuable knowledge and relationships built throughout this process, as well as the risk of losing this expertise when their contracts conclude in March 2026. In addition, the IT Training and Implementation Team reported substantial engagement with their training offer for PMS and related systems, including over 23,000 e-learning module completions, 190 classroom sessions, and 618 attended bookings in the past year.

Although digital training is available and ongoing, the absence of an organisational-level digital literacy or capability assessment, along with unclear baseline expectations for differing roles, makes it difficult to determine whether training is being developed in the right areas or targeted at the right staff. With teams consistently highlighting limited resources to develop or provide training, it is essential that efforts are prioritised effectively to ensure staff receive the support they need to develop their digital literacy and know what digital literacy baseline is expected of them in their role.

Opportunities for Management Consideration	Risk & Impact	Management Action
<p>5     <b>Communication, Visibility and Access to Training</b></p> <p>Multiple stakeholders highlighted that it was not clear what digital training was available, who provides it and how/where it can be requested or found. It is acknowledged by the audit team that digital training is available in the 'My Digital Gateway' page of the intranet site, this may need to be promoted amongst staff and managers more, or a searchable digital training catalogue created. In addition, if all digital training and development will be accessed via the intranet site or requested through Ivanti, it is important that staff know how to navigate these pages and systems effectively.</p>	<p>Unclear visibility of digital training risks low engagement, inconsistent uptake, and inefficient support access. Without a clearly promoted location for digital training, staff are likely to miss essential digital development opportunities.</p>	<p><b>Agreed Action:</b></p> <ol style="list-style-type: none"> <li>1. Scoping activity to clarify existing training resources in UHB and externally e.g. DHCW and local providers in receipt of apprenticeship funding.</li> <li>2. Host training information in the DLA – thus providing a single front door to training resources.</li> <li>3. Develop a robust inclusive comms plan to communicate resources across all staff groups, in particular those who rarely/never access digital systems.</li> <li>4. Seek user experience feedback on accessibility and usability and use this to drive continuous improvement in the materials available.</li> </ol>

			<p><b>Expected Evidence of Implementation:</b></p> <ul style="list-style-type: none"> <li>Baseline training offer visible via the DLA.</li> <li>Inclusive communication plan which includes targeted activity to communicate with all staff via profession specific champions/subject matter experts using multiple channels and methods to share messages.</li> </ul>
	<b>Theme:</b> Communication & Engagement	Control Design	<p><b>Officer:</b> Lisa Franklin (Head of Education) and Matthew Doyle (Digital Learning Manager)</p> <p><b>Target Implementation Date:</b> 30/06/26</p>
6	<p><b>Identify and Quantify Systems in Use</b></p> <p>The People and Culture Plan 2022-2025 highlights an objective to identify all digital systems currently in use to support with preparing staff to be digitally ready. There is no evidence that this has taken place, and although Digital Services may hold some of this information, there is no evidence of this being shared. Without a full list of digital systems throughout the organisation, it will be difficult to determine the digital training requirements of staff.</p>	Without a shared overview of digital systems, and those required for certain roles, assessing staff digital literacy needs becomes difficult.	<p><b>Agreed Action:</b></p> <ol style="list-style-type: none"> <li>Agree core role types for use in skills assessment.</li> <li>Map key systems used by role and training offer associated with each system.</li> <li>Develop training framework within the DLA and communication plan.</li> </ol>
	<b>Theme:</b> Information, Data Quality & Data Accuracy	Control Operation	<p><b>Expected Evidence of Implementation:</b></p> <p>Role and system mapping, training framework and communication plan.</p> <p><b>Officer:</b></p> <p>Lisa Franklin (Head of Education)</p> <p>Angela Parratt (Director of Digital Transformation)</p> <p><b>Target Implementation Date:</b> 01/09/26</p>

<p>7</p>	<p><b>Microsoft 365 Training</b></p> <p>M365 training videos are available on the intranet, but at around an hour long, these are likely to be too long for staff to find the time to complete in their entirety. While the M365 Programme intranet page links to the DHCW Centre of Excellence (CoE), which provides training information and short videos, these resources are not targeted to local needs and may require further promotion across the workforce.</p> <p>Bitesize sessions were mentioned numerous times by stakeholders, and to improve accessibility, the development of these could be further explored. The M365 Team confirmed there is a demand for this type of training and noted that it could reduce individual support requests to their team. However, they do not currently have capacity to produce it, and no external provider is in place. The Health Board should explore allocating dedicated internal resource or secure an approved external provider to design and maintain a consistent M365 training offer, ensuring equitable access, reducing duplication, and making better use of organisational resources.</p> <p>The organisation could also benefit from leveraging Microsoft Copilot as a resource that can support staff troubleshoot common issues and offer real-time guidance. While not a replacement for structured training, it could reduce dependency on specialist teams, enhance digital confidence, and promote more self-efficient learning. It is recognised that staff would require initial training to use Copilot effectively, but this upfront investment could reduce longer-term support needs.</p>	<p>Limited capacity to produce concise M365 learning resources may reduce staff engagement and increase support pressures, highlighting an opportunity to enhance accessibility, consistency, and efficiency through dedicated internal or external provision.</p>	<p><b>Agreed Action:</b></p> <ol style="list-style-type: none"> <li>1. Cross reference skills assessment output and training needs analysis with availability of 365 training.</li> <li>2. Cardiff and Vale College have agreed to develop a suite of funded accredited learning opportunities for UHB staff following completion of the UHB's assessment and training needs analysis.</li> <li>3. Review existing training offers and host information, links and associated governance processes within DLA.</li> <li>4. UHB communication plan to support launch of DLA.</li> </ol> <p><b>Expected Evidence of Implementation:</b></p> <p>DLA training offer.</p> <p><b>Officer:</b></p> <p>Lisa Franklin (Head of Education)</p> <p>Angela Parratt (Director of Digital Transformation)</p> <p><b>Target Implementation Date:</b> 01/06/26 in line with DLA launch</p>
	<p><b>Theme:</b> Training &amp; Development</p>	<p>Control Design</p>	

8	<p><b>Leveraging the Positive Work Already Underway or Completed</b></p> <p>Positive digital literacy/capability work is already taking place across the organisation, including locally delivered M365 training that received excellent staff feedback, and the clinician-to-clinician support model used in the ePMA and WNCR rollouts. These approaches have proven effective in building digital confidence, strengthening clinical relationships, and supporting successful adoption.</p> <p>The value of the clinician-led enablement is recognised within the Digital Foundations Business Case. The planned Digital Capability Project/Workgroup should build on this momentum by exploring how these locally effective models can be retained and scaled, and by ensuring that the staff who delivered them are directly involved in shaping future organisational approaches to digital literacy/capability.</p>	<p>Failure to retain and scale successful local digital capability models risks losing critical expertise, reducing staff confidence, weakening adoption of new systems, and missing opportunities to embed peer-to-peer digital improvement.</p>	<p><b>Agreed Action:</b></p> <ol style="list-style-type: none"> <li>1. Modelling activity to understand local and clinician led approaches and potential and capacity for spread and scale activity.</li> <li>2. Scope digital capability and literacy needs of UHB staff working in dedicated education roles and explore development of expertise within these roles to support awareness raising.</li> <li>3. Develop a sustainability plan to retain expertise and engagement post organisational assessment. Explore potential for development of a Digital Champions Network.</li> </ol> <p><b>Expected Evidence of Implementation:</b></p> <p>Output of modelling activity and educators needs assessment.</p> <p><b>Officer:</b> Lisa Franklin (Head of Education) and Matthew Doyle (Digital Learning Manager)</p>
	<p><b>Theme:</b> Lessons Learnt</p>	<p>Control Operation</p>	<p><b>Target Implementation Date:</b> 01/11/26</p>

<p>9 <b>Training Expectations and Pathways</b></p> <p>The outcomes of the digital literacy assessment should clearly set out the digital training and development expectations for each role, highlighting the benefits for staff and how the required training will support their progression in digital skills and overall digital literacy. The assessment should also indicate the learning pathways available, helping staff understand how they can continue to develop their skills over time.</p> <p>For staff who already possess advanced digital skills, additional development opportunities should be made available to ensure their capability is recognised, supported, and further enhanced.</p>	<p>Without clear training expectations and development pathways linked to assessment outcomes, staff may lack direction, miss opportunities to build digital skills, and be unable to progress to appropriate levels of digital capability.</p>	<p><b>Agreed Action:</b></p> <ol style="list-style-type: none"> <li>1. Undertake role specific training needs analysis in-line with outcome of digital literacy and capability assessment.</li> <li>2. Review existing training and complete gap analysis and resource required to deliver additional needs.</li> <li>3. Work with key stakeholders to align with programmes of work around leadership and management, organisational development and culture and talent, succession and career development.</li> <li>4. Scope out advanced digital qualifications available via local providers which are funded via the Apprenticeship Framework for Wales.</li> <li>5. Use the DLA to better understand digital exclusion/inclusion amongst our staff groups and use this to drive accessibility and usability of tools</li> </ol>
		<p><b>Expected Evidence of Implementation:</b></p> <p>Training needs analysis and gap analysis.</p>
<p><b>Theme:</b> Training &amp; Development</p>	<p>Control Design</p>	<p><b>Officer:</b> Lisa Franklin (Head of Education) and Matthew Doyle (Digital Learning Manager)</p> <p><b>Target Implementation Date:</b> 31/3/27</p>

# Appendix A

## Assurance Opinion

	<b>Substantial</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>Unsatisfactory</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Advisory</b>	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
<b>High</b>	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
<b>Medium</b>	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

## Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Cardiff & Vale University Health Board, and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the Cardiff & Vale University Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

## Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

