

# Bridgend Transfer of Informatics Services

## Final Internal Audit Report

November 2021

Cwm Taf Morgannwg University Health Board

NWSSP Audit and Assurance Services



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### Acknowledgement

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# Executive Summary

## Purpose

To evaluate and determine the adequacy of systems and controls in place for the organisational transfer of IM&T areas of activity.


## Overview

Key matters arising concerned:

- There has been no formal assessment of the impact on services and no sustained monitoring of the impact.
- The risk register does not fully articulate the risks as some key items are not mentioned.
- The transfer of Information Governance did not result in increased resourcing for the IG team, as such the Information Governance department may be unsustainable in the future.
- The move of core IT services has not happened due to a lack of resource. The uncertainty over funding has also meant that detailed planning for the move has not occurred.

## Report Classification

**Limited** More significant matters require management attention.



**Moderate impact** on residual risk exposure until resolved

## Assurance summary<sup>1</sup>

Assurance objectives	Assurance
1 Risks and impacts are understood and managed	Limited
2 Plans are in place and are progressing	Limited
3 Integration of teams	Substantial

## Matters Arising

		Assurance Objective	Control Design or Operation	Recommendation Priority
1	Impacts on Services	2	Operation	High
2	Risk Reporting	2	Operation	Medium
3	Information Governance Resource	2	Operation	Medium
4	Planning and Progress	1	Operation	High

<sup>1</sup> The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

## 1. Introduction

- 1.1 A review of the arrangements in place for the Informatics related aspects of the organisational transition of the healthcare service provision for the Bridgend Council area residents to Cwm Taf Morgannwg University Health Board (the 'Health Board' or the 'organisation') has been completed in line with the 2021/22 Internal Audit Plan. The Informatics related services transfer includes information governance support, information and ICT services, such as clinical systems, and network responsibility.
- 1.2 As of 1 April 2019, the responsibility for providing healthcare services for people in the Bridgend County Borough Council area transferred from the former Abertawe Bro Morgannwg University Health Board (ABM) to the newly formed Cwm Taf Morgannwg University Health Board. This transfer also included the necessary support services provided to those clinical services. As the transfer of informatics related services is complex, these services continue to be provided by Swansea Bay University Health Board (the successor body to ABM) under a Service Level Agreement (SLA) in the interim.
- 1.3 The risk considered in this review is as follows:
  - The organisational transfer results in a degradation in the Informatics service, loss of data or inappropriate access to information.

## 2. Detailed Audit Findings

### **Objective 1: The risks associated with not moving informatics services and the impact of the current position on service delivery are understood and managed.**

- 2.1 We note the following areas of good practice:
  - the business case identifies the risks and drawbacks of not moving the Informatics services;
  - the risks associated with the lack of transfer are scored highly and are included within the organisational risk register which is regularly reported to Board;
  - project related risks in relation to undertaking the transfer work are recorded in a risk register which was included in the business case; and
  - the impacts on services are being noted by services, such as Audiology, Radiology and the Bridgend ILG, and services have put mitigating actions in place to manage the effect of the lack of transfer of Informatics services.
- 2.2 Our audit identified the following matters arising:
  - Services are managing the impact of the delay in transferring digital support, and these impacts are identified within services and at a high level within the business case and risk register process. However, there has been no formal detailed assessment of the impact on services and no sustained monitoring of the impact. As such we note there is no formal measuring and reporting on the actual impact on services. (Matter Arising 1)
  - The organisational risk register includes an entry relating to the lack of transfer of digital services and the potential risk to patients. However, this does not fully articulate the risks as some key items are not mentioned, such as the cost implications and potential reputational damage. (Matter Arising 2)
  - Responsibility for the IG support for the Bridgend area has moved to the Health Board's IG team. However, there has not been an increase in the resource level within the team.

Due to the increased workload, there is now limited resilience within the IG team and sustaining the current level of IG support in the future may be difficult. (Matter Arising 3)

#### Conclusion:

- 2.3 Currently the ICT services for the Bridgend area are provided by Swansea Bay University Health Board under an SLA. There are risks to this arrangement, such as the risk to patient safety. This is recorded on the Health Board's organisational risk register and reported on a regular basis.
- 2.4 There are additional organisational risks that are extant that are not identified within the risk register however, including the potential reputational issue of not enacting a WG instruction and the risk of not being able to deliver on some items within the IMTP in future. There are also impacts on operational services from the current situation, these include increased costs and the lack of ability to develop a single service. These impacts are acknowledged within the services, and are being mitigated as best as possible, but are not being escalated in a succinct manner to the Board. (Limited Assurance)

### **Objective 2: Plans are in place for the transfer of informatics which are reasonable and are being progressed appropriately.**

2.5 We note the following areas of good practice:

- The plans for the transfer of Informatics services were developed and set out within a business case which has been submitted to Welsh Government (WG), although we note that they have not formally responded to this. The business case sets out the arrangements for monitoring the progress of the transfer and notes that it is run using PRINCE2 and the 'Managing Successful Programmes' framework.
- The work for the transfer is split into two themes (operational IT and clinical systems), both of which are split into phases.
- There is an outline disaggregation plan, which identifies the affected systems.
- There are outline plans for the move of services and systems to the Health Board which are as advanced as can be expected given the lack of funding certainty.
- Phase 1 of the move, which included staff transfer and helpdesk support provision, has been completed. Phase 2 is in progress and relates to mobilisation.
- Responsibility for Information Governance (IG) support provision has transferred.
- Regular updates on progress are provided to the Joint Executive Group (JEG), which is comprised of executive directors from Cwm Taf Morgannwg University Health Board and Swansea Bay University Health Board (SBU).

2.6 We identified the following matter arising:

- The move of core IT services has not happened and, although there are plans for moving specific items, there is no overall plan or roadmap that shows how it all fits together the related timescales.

There appears to be a lack of certainty around funding. The business case identified a capital cost of £8m for transferring all of the services, but this has yet to be provided by WG. Without funding to improve core network links between the Princess of Wales Hospital (PoW) and the Health Board, the ability to move other IT aspects is limited, and without certainty over funding planning cannot effectively occur. (Matter Arising 4)

### Conclusion:

2.7 Some progress has been made in moving IM&T services. The relevant IT staff have transferred as has the help desk support function; in addition, the IG support function has transferred. The transfer of core IT is difficult, as is the move of the clinical systems and disaggregating data within systems for patients that reside in Bridgend. The Health Board has formalised the management structure for the move and there are outline plans in place for moving specific items. However, the network infrastructure between Bridgend and the wider Health Board is not sufficient to transfer core IT systems, such as Radiology. The upgrade of the network and other transfer associated work is subject to a significant cost which has been clearly stated in a business case, and at present no funding has been provided. Without the network upgrade, detailed plans cannot be defined for the full transfer of IM&T services. (Limited Assurance)

### **Objective 3: Processes for integration of the teams and the culture are in place.**

2.8 We note the following areas of good practice:

- phase 1 of the move has been completed, this included the move of staff and creation of a single team with the TUPE of POW based staff and the integration of service desk provision; and
- work has been undertaken to build a single team culture, with team sessions being provided, the placement of a band 6 from CTM into POW and the intent to rotate into Williamstown to integrate into a single digital team.

### Conclusion:

2.9 The transfer of staff based in POW was part of phase 1 of the transfer of IM&T services and this has been completed. There is an acknowledgement that these staff may feel isolated and efforts have been made to develop a single team culture and these are ongoing (Substantial Assurance).

## Appendix A: Management Action Plan

Matter Arising 1: Impacts on Services (Operation)	Impact
<p>Services are managing the impact of the delayed transfer of digital support, and these impacts are identified within services and at a high level within the business case and risk register process. However, there has been no formal detailed assessment of the impact on services, and no sustained monitoring of the impact.</p> <p>We note that there are impacts on services and these may hinder the delivery of some aspects of the IMTP in the future. The impacts include:</p> <ul style="list-style-type: none"> <li>• costs associated with providing increased resource for additional steps within department processes; and duplication of effort;</li> <li>• lack of ability for departments to develop as a single unit and deliver single, standardised processes and pathways;</li> <li>• the operation of multiple wait lists, with different wait times; and</li> <li>• reduced patient choice.</li> </ul>	<p>Organisational transfer results in a degradation in Informatics service, loss of data or inappropriate access to information.</p> <p>The lack of ICT transfer increases risks to patient safety and organisational performance.</p>
Recommendations	Priority
<p>1.1 The real impact on services should be established and monitored with reporting at an appropriate committee. (planning and performance; Q&amp;S)</p> <p>1.2 The risk on the organisational risk register should be reviewed to ensure it captures all the relevant information and actions.</p>	<p><b>High</b></p>

Agreed Management Action	Target Date	Responsible Officer
<p>The Swansea Bay and CTM joint management group risk register and border change plan will be reviewed and updated to include the softer and organisational impacts in addition to the clinical and financial risks</p>	6/1/22	Asst Director of Planning
<p>It is the expectation of Swansea Bay that the CTM UHB will vacate Neath Hospital by April 2023. The team to support the planning of this, including the digital element will be strengthened with the recruitment process for a designated planning lead to be placed by the end of November 2021. The programme leads for Digital will be an integral part of this process.</p>	Recruitment to begin by 30/11/21	Asst Director of Planning
<p>All risks will be managed in accordance with the UHBs' individual processes and significant risks will be escalated on to the organisational risk register.</p>	6/1/22	Director of Strategy

Matter Arising 2: Risk reporting (Operation)		Impact
<p>The organisational risk register includes an entry relating to the lack of transfer of digital services and this notes the potential risk to patients. However, this does not fully articulate the risks as some key items are not mentioned, such as:</p> <ul style="list-style-type: none"> <li>the cost implications are not noted. The Health Board has a service agreement with Swansea Bay to provide ICT services. In addition, the lack of transfer has led to some increased costs within patient facing services;</li> <li>the lack of ability to develop services for the future and integrate the services provided within the Bridgend area into the wider Health Board; and</li> <li>the potential reputational issue should the Health Board be criticised for any impacts on patient services due to not enacting WG instruction.</li> </ul>		<p>Organisational transfer results in a degradation in Informatics service, loss of data or inappropriate access to information.</p>
Recommendations		Priority
<p>2.1 The Organisational risk register should be updated to fully identify the risks and issues associated with not moving digital services.</p>		<p><b>Medium</b></p>
Agreed Management Action	Target Date	Responsible Officer
<p>Agree – will be incorporate in the process described above</p>		

<b>Matter Arising 3: Information Governance Resource (Operation)</b>		<b>Impact</b>
Responsibility for the IG support for the Bridgend area has moved to the Health Board's IG team, however, there has been no increase in the resource level within the team. Due to the increased workload there appears to be limited resilience within the IG team and sustaining the current level of IG support in the future may be impossible.		Organisational transfer results in a degradation in Informatics service, loss of data or inappropriate access to information.
<b>Recommendations</b>		<b>Priority</b>
3.1 An assessment of the IG resource level in place and the increased workload should be undertaken and the IG team resourced appropriately.		<b>Medium</b>
<b>Agreed Management Action</b>	<b>Target Date</b>	<b>Responsible Officer</b>
Our understanding is that the service and associated funding did transfer from Swansea Bay to CTM for the IG function. (Rebecca Walsh + money). CTM UHB has since made decisions regarding how it uses this funding, in light of priorities experienced at the time (e.g. Targeted Intervention and RGH ED and paediatric service reviews). However, we have taken an assessment of the requisite IG resource to deliver our strategic ambitions and manage our present business and fully concur with the assessment that we do not have the IG resource necessary. A business case has been completed, and this will be considered as part of the overall process for determining a clinically safe and effective, financially sustainable integrated medium term plan. The risk is on the risk register and other opportunities to improve our capacity and capabilities are being taken	IMTP considerations be completed by 14 <sup>th</sup> February 2022  November 2021	<b>Director of Governance</b>  <b>DPO &amp; SIRO</b>

<b>Matter Arising 4: Plans and progress (Operation)</b>		<b>Impact</b>
<p>The move of core IT services has not happened, and although there are plans to move specific items there is no overall plan or roadmap that shows how it all fits together and the related timescales. However, we note that work is ongoing to develop the overall plan.</p> <p>The underlying reason is the lack of funding certainty. The business case submitted to WG identified a capital funding need of £8m to transfer all services. However, at the time of our fieldwork, despite the business case being submitted in 2019 the Health Board has not received formal approval. Without the funding identified in the business case to improve core network links between PoW and the Health Board, the ability to move other IT aspects is limited and without certainty over funding, planning cannot effectively occur.</p> <p>We also note that work to move ICT services has been impacted by Covid and the impact of this in terms of prioritisation within both the Health Board and DHCW.</p>		Organisational transfer results in a degradation in Informatics service, loss of data or inappropriate access to information.
<b>Recommendations</b>		<b>Priority</b>
<p>4.1 The actions required to mitigate the identified risks and impacts should be identified and plans and timescales developed with the appropriate funding level identified.</p> <p>These should be submitted to WG.</p>		<b>High</b>
<b>Agreed Management Action</b>	<b>Target Date</b>	<b>Responsible Officer</b>
<p>High level road map has been developed.</p> <p>A granular roadmap at the building block level for each service and app is now being finalised, which works around the SLA and how services can be separated without significant detriment to either party. As identified, this is being done at severe detriment to the rest of the CTM programme and on a beg, steal and borrow basis. Once the roadmap has been completed, and resources attributed, it will be set against the SLA to</p>	<b>Feb 2022</b>	<b>Chief Information Officer &amp; Assistant Director for ICT</b>






identify what could be done from resources already available to the NHS and then have the ongoing consequences added prior to being given to WG.

Part of this will be to identify where the diseconomies of scale observed in SB will arise, and identify these to WG.

## Appendix B: Assurance opinion and action plan risk rating

### Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	<b>Substantial assurance</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable assurance</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 assurance</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>No assurance</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Assurance not applicable</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 Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
<b>High</b>	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
<b>Medium</b>	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
<b>Low</b>	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

\* Unless a more appropriate timescale is identified/agreed at the assignment.



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