

Follow-up: Bridgend Transfer of Informatics Services Final Internal Audit Report

April 2023

Cwm Taf Morgannwg University Health Board



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Executive Summary

Purpose

To provide the Health Board with assurance regarding the implementation of the agreed management actions from the Bridgend Transfer of Informatics Services review.

Overview of findings

The planned work has continued on the disaggregation of digital services for Bridgend and the transfer into the Health Board.



There was funding allocated in September 2022 for the disaggregation of WPAS, however there has been no further funding for the move of services from Welsh Government, which has delayed disaggregation progress. We understand that funding is being sought on a case by case basis with digital services operating within its current resource envelope.

The risk associated with the Information Governance function has been assessed by the Health Board, and the Head of Information Governance role is currently provided using agency staff.





The key management actions that remain outstanding are:

- To consider requesting that services quantify the impacts of the lack of disaggregation.
- To consider expanding the narrative of the risk on the risk register.

Follow-up Report Classification

		Trend
 Reasonable	Follow up: All high priority recommendations implemented and progress on the medium and low priority recommendations.	

Progress Summary

Previous Matters Arising	Previous Priority Rating	Direction of Travel	Current Priority Rating
1 Identification of impacts on Services	High		High
2 Risk Reporting	Medium		Medium
3 Information Governance resource	Medium		Closed
4 Plans and progress	High		Closed

1. Introduction

- 1.1 The overall objective of this audit was to provide the Health Board with assurance regarding the implementation of the agreed management actions from our Bridgend Transfer of Informatics Services (2122-21) review that was reported as part of our 2021/22 work programme.
- 1.2 The scope of this follow-up review does not aim to provide assurance against the full review scope and objective of the original review. The 'follow-up review opinion' provides an assurance level against the implementation of the agreed action plan only.
- 1.3 The areas that this review seeks to provide assurance on are:
- appropriate progress has been made with the implementation of the agreed management responses within the agreed timescales;
 - adequate evidence is available to support the level of progress that has been made; and
 - the actions implemented have effectively addressed the issues highlighted during the original audit.
- 1.4 The potential risk considered in the original review was as follows:
- The organisational transfer results in a degradation in the Informatics service, loss of data or inappropriate access to information.

2. Findings

- 2.1 The table below provides an overview of progress in implementing the previous internal audit recommendations:

Original Priority Rating	Number of Recommendations	Implemented / Obsolete (Closed - No Further Action Required)	Action Ongoing (Further Action Required)	Not implemented (Further Action Required)
High	2	1	1	-
Medium	2	1	-	1
Low	-	-	-	-
Total	4	2	1	1

- 2.2 Full details of recommendations requiring further action are provided in the Management Action Plan in Appendix A.
- 2.3 Full details of recommendations that are considered to be closed with no further action required are provided in **Appendix B**.

Appendix A: Management Action Plan

Previous Matter Arising 1: Impacts on Services		
Original Recommendation		Original Priority
<p>The real impact on services should be established and monitored with reporting at an appropriate committee. (planning and performance; Q&S)</p> <p>The risk on the organisational risk register should be reviewed to ensure it captures all the relevant information and actions.</p>		High
Management Response	Target Date	Responsible Officer
<p>The Swansea Bay and CTM joint management group (JMG) 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> <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> <p>All risks will be managed in accordance with the UHB’s individual processes and significant risks will be escalated on to the organisational risk register.</p>	<p>6/1/22</p> <p>Recruitment to begin by 30/11/21</p> <p>6/1/22</p>	<p>Asst Director of Planning</p> <p>Asst Director of Planning</p> <p>Director of Strategy</p>
Current findings		Residual Risk
<p>There are structures in place to monitor and manage the transition of services from SBUHB to CTM, with a Joint Management Group and Joint Executive Group in place.</p> <p>We note that the JMG meetings do not routinely include a discussion of the risk registers, however updates on the work that is ongoing are provided and the impacts on services are discussed.</p>		<p>Organisational transfer results in a degradation in Informatics service, loss of data or inappropriate access to information and increases risks</p>

<p>We also note that the risk discussions at Quality & Safety Committee do not include the service impacts of the digital provision 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"> • costs associated with providing increased resource for additional steps within department processes; and duplication of effort; • lack of ability for departments to develop as a single unit and deliver single, standardised processes and pathways; • the operation of multiple wait lists, with different wait times; and • reduced patient choice. 		to patient safety and organisational performance.
New Recommendations		Priority
1.1	Consideration should be given to requesting that services fully quantify the impact of the lack of integration on the delivery of services and service change, with monitoring with reporting at an appropriate committee.	High
Management Response		Target Date
1.1	<p>Bridgend disaggregation is reported to every Digital & Data Committee. This reporting will be reviewed to ensure it covers integration, service delivery and service change.</p> <p>The programme is currently developing a template which will assess the impact of any of the repatriation. The template is planned to be completed by June 2023.</p>	Qtr 2 2023/2024
		Responsible Officer
		Director of Digital / Assistant Director of ICT

Previous Matter Arising 2: Risk Reporting		
Original Recommendation		Original Priority
The Organisational risk register should be updated to fully identify the risks and issues associated with not moving digital services.		Medium
Management Response	Target Date	Responsible Officer
Agree – will be incorporate in the process described above		
Current findings		Residual Risk
<p>The risk is on the Health Board risk register which notes that without unified integrated systems it will be unable to deliver safe, high quality, clinically and cost effective care.</p> <p>We also note that The Board Assurance Framework references a strategic risk (6) which relates to the delivery of a digital and information infrastructure to support organisational transformation. This notes one of the gaps in controls being the integration of information systems for services in the Bridgend area transferred from Swansea Bay University Health Board.</p> <p>The risk register notes key controls and actions, and the risk is subject to regular monitoring with updates provided. However, there has been no further expansion of the risk description to fully explain the risk of not moving the digital systems and processes.</p>		Medium
New Recommendation(s)		Priority
2.1	Consideration should be given to expanding the risk description on the organisational risk register to bring in the wider financial, organisational and reputational impacts.	Medium
Management Response		Target Date
2.1	The relevant risk on the risk register will be reviewed to ensure it fully incorporates all aspects of financial, organisational and reputational risk impact	Qtr 1 2023/2024
		Director of Digital

Appendix B: Previous Matters Arising Now Closed

Previous Matter Arising 3: Information Governance Resource		
Original Recommendation		Original Priority
An assessment of the IG resource level in place and the increased workload should be undertaken and the IG team resourced appropriately.		Medium
Management Response	Target Date	Responsible Officer
Our understanding is that the service and associated funding did transfer from Swansea Bay to CTM for the IG function. 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 th February 2022 November 2021	Director of Governance DPO & SIRO
Current findings		Residual Risk
The organisational risk register now includes a specific risk for this (4699). The current resource is: <ul style="list-style-type: none"> 1wte Head of IG – Currently this person is a contractor whose contract ends 31 March 2023. We note that recruitment has been problematic and at the time of our follow up the Health Board was advertising the post for a third time. 		N/A

- 1wte band 6 IG officer.
- 0.8 wte band 5 freedom of information officer.
- 1 wte IG admin band 3 - The person currently in post leaves in March 2023. We understand that at this time, there is no funding to continue this post.

Work continues to ensure that the Health Board complies with GDPR, with the risk being assessed and included as part of the cyber security work, which is the focus of attention. Work on Information Governance is focussed on areas where a breach would result in more serious consequences.

We note work is ongoing. The ICO plan a follow up visit in April 2023, although not all of the high priority actions may be completed by that time. We understand that recommendations are being managed on a prioritised and smart basis (aligned to other improvement areas).


As the resourcing issues are documented within the risk register, and subject to regular monitoring, we note that this matter is **closed**.

Previous Matter Arising 4: Plans and progress		
Original Recommendation		Original Priority
The actions required to mitigate the identified risks and impacts should be identified and plans and timescales developed with the appropriate funding level identified. These should be submitted to WG.		High
Management Response	Target Date	Responsible Officer
<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 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.</p> <p>Part of this will be to identify where the diseconomies of scale observed in SB will arise, and identify these to WG.</p>	Feb 2022	Chief Information Officer & Assistant Director for ICT
Current findings		Residual Risk
<p>There is a disaggregation workplan in place, and an identified critical path, with the detail of work to be done being factored into the annual planning and IMTP process.</p> <p>Work to move services and systems is continuing and there are ongoing discussions regarding items to be removed from the SLA following transfer of responsibility. For example, management of servers.</p> <p>No additional funding for disaggregation has been provided, and as such work continues to be on a case by case / piecemeal approach. However, we note that the network links have not been upgraded to 10GB, which would enable more services to transfer.</p>		N/A

Appendix C: 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:

	<p>Substantial assurance</p>	<p>Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure. Follow up: All recommendations implemented and operating as expected</p>
	<p>Reasonable assurance</p>	<p>Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved. Follow up: All high priority recommendations implemented and progress on the medium and low priority recommendations.</p>
	<p>Limited assurance</p>	<p>More significant matters require management attention. Moderate impact on residual risk exposure until resolved. Follow up: No high priority recommendations implemented but progress on most of the medium and low priority recommendations.</p>
	<p>No assurance</p>	<p>Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved. Follow up: No action taken to implement recommendations</p>

Prioritisation of Recommendations

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

Priority level	Explanation	Management action
High	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*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	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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