

Follow-up: IT Service Management Final Internal Audit Report

June 2022

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 responses from the IT service management review previously undertaken.

Overview of findings

Progress has been made in addressing the 12 matters arising our previous internal audit.

The 12 matters arising comprise of three high priority, seven medium priority and two low priority recommendations.



Agreed actions relating to the high priority recommendations have been addressed and closed. Similarly, four of the medium priority recommendations have been actioned. Three medium priority and one low priority recommendations have not been fully implemented and have been reiterated in this report. These are:

- Fully defining the processes for problem management.
- The processes for Knowledge Management should be fully defined and emplaced.
- The services provided by digital should be clarified and agreed with services.









We note that the delay in completing the actions contained in our original report is mainly due to the departure of the previous Head of Service Management. However, our follow up testing indicates an improved picture of the IT Service Management processes in place.





The rating of this follow-up provides an assurance level against the implementation of the agreed actions that have been progressed at this stage, noting that further work is required to complete the full range of recommendations.

Follow-up Report Classification

		Trend
	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 No Procedures	High		Closed
2 Recording of Information	High		Closed
3 Call Progress	High		Closed
4 Alerts	Medium		Closed
5 Closure Process	Medium		Closed
6 Problem Management	Medium		Medium
7 Knowledge Management	Medium		Medium
8 Performance Management	Medium		Closed

	9	Service Catalogue	Medium		Closed
	10	Service Levels	Medium		Medium
	11	Service Desk	Low		Closed
	12	Changes	Low		Low

1. Introduction

- 1.1 This follow-up review of IT Service Management was completed in line with the 2021/22 Internal Audit plan for Cwm Taf Morgannwg University Health Board (the 'Health Board').
- 1.2 Our original Service Management report was finalised in March 2021 and identified twelve issues, which resulted in an overall assurance rating of 'Limited Assurance'.
- 1.3 The potential risk considered in this review was that IT services provided do not meet the needs of the Health Board.

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	3	3	-	-
Medium	7	4	3	-
Low	2	1	-	1
Total	12	8	3	1

- 2.2 Full details of recommendations requiring further action are provided in the **Management Action Plan** in **Appendix A**.

Appendix A: Management Action Plan

Previous Matter Arising 6: Problem Management		
Original Recommendation		Original Priority
The process should be fully defined with an associated SOP and guidance.		Medium
Management Response	Target Date	Responsible Officer
<p>Cwm Taf Morgannwg have set a deadline for April 30th, 2021 to formulate and sign off a Standard Operating Procedure for problem management. The documentation will cover this functionality within the ITSM system including:</p> <ul style="list-style-type: none"> • Problem logging • Required data capture • Problem management • Problem transference • Accessing the problem record <p>Guidance will be created on how to identify</p> <ul style="list-style-type: none"> • identification and classification • investigation, diagnosis and resolution • creation of known errors • proactive problem management <p>Staff training on problem management will be utilising Microsoft Streaming</p>	31/7/21	Head of Service Management

Current findings		Residual Risk	
<p>The Head of Service Management has left the Health Board, which has delayed the development of an SOP for problem management.</p> <p>The Health Board has taken the opportunity to re-evaluate and restate the Service Manager role. Developing the relevant SOP will now be the responsibility of the new appointee.</p> <p>In the interim there has been increased use of problem management with more problems being recorded within Service Point. We note that these are not left persistently open, and our testing confirmed that 'work-rounds' and fixes are being included.</p> <p>Conclusion: Partially implemented</p>		<p>IT services provided do not suit the needs of the organisation.</p>	
New Recommendations		Priority	
1.1	The problem management process should be formalised and an SOP developed.	Medium	
Management Response		Target Date	Responsible Officer
1.1	The new Head of Service Management commenced in post in April 2022. As at the beginning June the content of the SOP has been produced in draft format and will be consulted on by members of the digital team with a view to adoption at the start of August 2022.	01.08.2022	Head of Service Management

Previous Matter Arising 7: Knowledge Management		
Original Recommendation		Original Priority
Service management should consider defining a standard mechanism and process for operational knowledge management.		Medium
Management Response	Target Date	Responsible Officer
<p>An initial piece of work is required to collate the various pertinent documents and standardise the format.</p> <p>CTM have already identified the requirement to begin the migration from isolated on-premises data repositories into a centralised, governed environment that will allow the HB to move away from traditionally costly on-premises storage solutions organisation.</p> <p>This programme covers three principles requirements for CTM:</p> <ul style="list-style-type: none"> • • Creation of a new Corporate File Plan for SharePoint Storage • • Design and deployment of CTM branded Intranet site templates • • Migration of shared folder data into SharePoint <p>The creation of the ICT knowledge repository will be based upon the principles above and the creation of the cloud based SharePoint.</p>	1/7/21	Head of Service Management
Current findings		Residual Risk
<p>The Health Board has moved onto SharePoint for its information storage; accordingly, relevant information is available to call handlers.</p> <p>The current state is that the information is being collated and indexed, however we note that this is being done in addition to staff normal roles, and on a 'when they can basis'.</p>		IT services provided do not suit the needs of the organisation.

As noted above the Health Board is recruiting a new Head of Service Management, and part of the remit of that role will be to ensure that knowledge management is appropriately applied.

Conclusion: Partially Implemented

New Recommendation(s)

Priority

2.1 The knowledge management processes should be finalised.

Medium

Management Response

Target Date

Responsible Officer

2.1 A knowledge base has been established and is being tested using the WNCR documents. The 'structure' of the knowledge base is intended to enable it to hold documents for the entire service catalogue. These will incorporate disaster recovery, business continuity, service on boarding documents and videos, user guides and 3rd party contacts. The Knowledge Articles themselves can be linked to specific incidents and service requests within our Service Point ITSM tool, which will drive a higher "first time fix", where end users are able to get issues resolved at the first point of contact with ICT.

01.08.2022

Head of EU
Head of Service Management

A programme to migrate corporate file shares on to One drive is well established and has progressed well

Previous Matter Arising 10: Service Levels		
Original Recommendation		Original Priority
The service levels provided should be issued and agreed with each user department. As part of this process an agreement setting out the responsibilities and expectations should be defined.		Medium
Management Response	Target Date	Responsible Officer
As part of the IMTP ICT will need to undertake discussions with the ILG and department leads to ensure the service level definitions in the ICT service catalogue are acceptable with regards to supporting the departments.	31/5/21	Head of Service Management
Current findings		Residual Risk
<p>As previously noted, the Head of Service Management has left and the organisation is recruiting a replacement. This has delayed this action.</p> <p>The Health Board has appointed a new Director of Digital, who has been meeting with the services to get to know the organisation and what they need from digital.</p> <p>As such, the process of defining and agreeing services has started and the completion of this will be the remit of the new Head of Service Management.</p> <p>Conclusion: Partially Implemented</p>		IT services provided do not suit the needs of the organisation.
New Recommendation(s)		Priority
3.1	The process of clarifying and agreeing digital services with the wider organisation should be completed.	Medium

Management Response	Target Date	Responsible Officer
3.1 SLAs, Recovery Point Objective (RPO) and Recovery Time (RTO) figures will be agreed for each service as we establish and improve our documentation, service onboarding and management of services. This will be run in parallel with the development of the knowledge base but given the capacity and competing pressures	01.09.2022	Head of Service Management Director of Digital

Previous Matter Arising 12: Changes		
Original Recommendation		Original Priority
Care should be taken to ensure the IT changes process is followed.		Low
Management Response	Target Date	Responsible Officer
The Change process will need to be monitored to ensure that the process is followed. The Change board will need to undertake audits to provide evidence of compliance.	28/2/21	Head of Service Management
Current findings		Residual Risk
Owing to the departure of the Head of Service Management, this has not been taken forward. However, we note the good change processes in place. Conclusion: Not Implemented		IT services provided do not suit the needs of the organisation.
New Recommendation(s)		Priority
2.1	A process for monitoring the change process to ensure compliance with all the requirements of the process should be established.	Low
Management Response		Target Date
2.1	Will be reviewed by the Head of Service Management once the 3 higher priority recommendations have been addressed	Qtr 4 2022/23
		Responsible Officer
		Head of Service Management

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:

	<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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