

# Follow-up: Deployment of WPAS into MH&LD Final Internal Audit Report

July 2022

Hywel Dda University Board

## Contents

Executive Summary .....	3
1. Introduction.....	4
2. Findings.....	5
Appendix A: Management Action Plan.....	6
Appendix B: Previous Matters Arising Now Closed.....	8
Appendix C: Assurance opinion and action plan risk rating.....	11

Review reference:	HDUHB-2223-32
Report status:	Final
Fieldwork commencement:	15 June 2022
Fieldwork completion:	18 July 2022
Draft report issued:	21 July 2022
Management response received:	21 July 2022
Final report issued:	22 July 2022
Auditors:	Sian Harries (IM&T Audit Manager)
Executive sign-off:	Huw Thomas (Director of Finance)
Distribution:	Anthony Tracey (Digital Director), Liz Carroll (Director of Mental Health and Learning Disabilities), Karen Amner (Directorate Support Manager)
Committee:	Audit Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors

### Acknowledgement

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

### Disclaimer notice - please note

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 Hywel Dda 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.

## Executive Summary

### Purpose

To assess progress in implementing the recommendations arising from the full 2021/22 internal audit review (report HDUHB-2122-16) which concluded Limited assurance and the follow-up review (report HDUHB-2122-42) which concluded Reasonable assurance.



### Overview of findings

Significant progress has been made in addressing the eight high-priority and one medium-priority recommendations arising from our full 2021/22 audit and positive advancements in their implementation were noted within our 2021/22 follow-up audit.





The four remaining actions have been considered within this follow-up review, which has concluded that three have been fully implemented and closed, and one has been partially implemented, and is therefore, reiterated in this report:

- The outline testing plan should be further developed and documented, upon which an accurate assessment of readiness can be determined prior to go-live.

### Follow-up Report Classification

Trend	
Substantial 	

### Progress Summary

Previous Matters Arising	Previous Priority Rating	Direction of Travel	Current Priority Rating
2.4 Project Planning and Initiation (Testing Plan)	High		Medium
4.1 Project Resource	High		Closed
2.1 Project Planning and Initiation (Risk analysis)	Medium		Closed
5.1 Post-implementation Review	Medium		Closed

## 1. Introduction

- 1.1 A follow-up review of the local deployment of the Welsh Patient Administration System (WPAS) into the Mental Health and Learning Disabilities (MH&LD) directorate was undertaken following a request by the Executive Director.
- 1.2 A Patient Administration System (PAS) holds patient details such as ID, outpatient appointments, letters, and notes. Having a single integrated PAS for acute and mental health means the same administrative patient information can be accessed in different hospital departments, so patients are not asked to repeat their details several times throughout their medical journey. WPAS also allows the system to be supported in terms of maintenance and regular upgrades.
- 1.3 Our full audit was completed in November 2021 (HDUHB-2122-16) and reported **Limited** assurance. We identified five matters arising which led to eight high-priority and one medium-priority findings concerning the adequacy of overall project management.
- 1.4 A follow-up audit was completed in February 2022 (HDUHB-2122-42) and reported **Reasonable** assurance. We noted considerable progress had been made in addressing the matters arising and concluded that five recommendations had been implemented and closed, two had been partially implemented (2.1 and 5.1) and two were not due for review (2.4 and 4.1).
- 1.5 The purpose of this follow-up review is to evaluate progress against the outstanding recommendations as above. The review does not provide assurance against the full review scope and objectives of the original audit. The 'follow-up review opinion' provides an assurance level against the implementation of the agreed action plan only.
- 1.6 The overall risk considered in this review is failure to implement agreed audit recommendations, and therefore, the continued risk that:
  - \* the project does not meet its deadlines; and
  - \* the Health Board does not gain the anticipated benefits from the deployment.

## 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	0
Medium	2	2		
Low	0			
<b>Total</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>0</b>

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 deemed to be closed with no further action required are provided in **Appendix B**.

## Appendix A: Management Action Plan

Previous Matter Arising 2: Project Planning and Initiation (Design)		
Original Recommendations from HDUHB-2122-42 WPAS into MH&LD (Follow-Up)		Original Priority
2.4 A detailed testing plan for the third phase should be developed, upon which an assessment of readiness can be determined prior to go-live.		<b>High</b>
Management Responses	Target Date	Responsible Officer
2.4 Agreed, and the completion of the testing plan will be an iterative development and will be refined after each milestone. However, an outline testing plan will be designed.	30th April 2022	Director of MH&LD / Digital Director
Current findings		Residual Risk
<p>Whilst a testing plan document has not been developed, the risk assessments undertaken for the next services to go live, namely Children's Neurodevelopmental Service and Admiral Nurse Service, include migration of data and data cleansing on the risk action plan. Action logs from Project Team meetings capture discussions and actions relating to testing data prior to go live, therefore, demonstrating that testing has been considered and progressed.</p> <p>We conclude partial implementation of recommendation 2.4.</p>		Failure to adequately evaluate, prevent and minimise risk may negatively affect the success of the third phase of the project.
New Recommendation(s)		Priority
2.4	<p>The outline testing plan should be further developed and documented for the remaining services, to include but not limited to:</p> <ul style="list-style-type: none"> <li>• roles and responsibilities</li> <li>• scope</li> <li>• testing strategies and acceptance criteria</li> <li>• schedules</li> </ul> <p>Testing results should be appropriately reviewed and signed-off to ensure that an accurate assessment of readiness can be determined prior to go-live.</p>	<b>Medium</b>

Management Response		Target Date	Responsible Officer
2.4	The Project Team will strengthen the readiness work and testing process for each service going forward, capturing this detail in the mapping documentation.	Nov 22	Head of Information Services/Directorate Support Manager MH&LD

## Appendix B: Previous Matters Arising Now Closed

Previous Matter Arising 2: Project Planning and Initiation (Design)		
Original Recommendations from HDUHB-2122-42 WPAS into MH&LD (Follow-Up)		Original Priority
2.1 Once a decision has been reached to progress the remaining service areas, the Project Group should undertake a detailed risk analysis of those areas and document any identified risks, and also develop a training plan as per the assigned action.		<b>Medium</b>
Management Responses	Target Date	Responsible Officer
2.1 Agreed. The Project Team have been requested to consider the development of a risk analysis approach for future service areas, following the implementation within Integrated Psychological Therapies Service (due to go live during February 2022).	31 <sup>st</sup> March 2022	Director of MH&LD / Digital Director
Current findings		Residual Risk
<p>Following a 'Lessons Learned' exercise held by the Project Team in April 2022, it was agreed to include risk assessments as part of the initial scoping and mapping process for the remaining service areas to go live. We reviewed the process maps for the Children's Neurodevelopmental Service and Admiral Nurse Service and whilst we noted that formal risk assessments have been completed rather than more informal risk logs, identified risks and mitigating actions have been considered and defined, and map to risks raised in our previous audits. We observed that the risk assessments for both services were identical and whilst the identified risks are pertinent to all services, a good practice note for Management is to also consider risks relating to nuances in working practices of each service.</p> <p>The process maps for the above reviewed services identifies the staff required to undertake WPAS training, including administrative and clinical. Action logs from Project Team meetings demonstrate that training has been agreed to be under the remit of the Head of Information Services, with ongoing consideration of training sessions. Training of administrative and clinical staff is also included within the risk action plans for the above services.</p> <p><b>Conclusion:</b> Appropriate action has been taken to address the issues previously identified. Consequently, the prior matter arising is closed.</p>		N/A



Previous Matter Arising 4: Post-Implementation Review (Design)		
Original Recommendation from HDUHB-2122-16 WPAS into MH&LD		Original Priority
4.1 Management should ensure that appropriately skilled and dedicated resources are assigned to the third phase of the project to ensure accurate system mapping and effective implementation.		<b>High</b>
Management Responses	Target Date	Responsible Officer
4.1 The Mental Health and Learning Disabilities Team have assigned funding to recruit a Band 5 – Application Specialist, and a Band 6 – Business Analyst to assist with the third phase of the project.	31 <sup>st</sup> May 2022	Project Team Proposed Project Managers <ul style="list-style-type: none"> <li>• Gareth Beynon</li> <li>• Karen Amner</li> </ul>
Current findings		Residual Risk
Two Application Specialists have been appointed by the Digital Services team in addition to the resources supplied by the MH&LD team.  Action logs from Project Team meetings demonstrate the consideration given to resources under the linked standing item.  <b>Conclusion:</b> Appropriate action has been taken to address the issues previously identified. Consequently, the prior matter arising is closed.		N/A

<b>Previous Matter Arising 5: Post-Implementation Review (Design)</b>		
Original Recommendation from HDUHB-2122-42 WPAS into MH&LD (Follow-Up)		Original Priority
5.1 Management should ensure that a post-implementation review is undertaken with a focus on evaluating project objectives and implementation effectiveness of the first two phases, to identify lessons learned to be implemented during the third phase.		<b>Medium</b>
Management Responses	Target Date	Responsible Officer
5.1 Agreed. A lesson learned document will be completed during March 2022, which will incorporate the original phases of work, and the upcoming implementation within Integrated Psychological Therapies Service.	31 <sup>st</sup> March 2022	Director of Mental Health and Learning Disabilities / Digital Director
<b>Current findings</b>		<b>Residual Risk</b>
<p>A 'Lessons Learned' exercise was undertaken by the Project Team on 26 April 2022 resulting in a comprehensive report being produced and disseminated. The report identified positive lessons that could be embedded in the remaining project phases as well as the benefits and value derived from implementing WPAS into MH&amp;LD. Our review of the significant lessons captured within the report highlighted the issues identified within our previous audits have been logged, considered, risk-assessed, and expanded with additional tailored recommendations to action going forward.</p> <p><b>Conclusion:</b> Appropriate action has been taken to address the issues previously identified. Consequently, the prior matter arising is closed.</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><b>Substantial assurance</b></p>	<p>Few matters require attention and are compliance or advisory in nature.  <b>Low impact</b> on residual risk exposure.  <b>Follow up:</b> All recommendations implemented and operating as expected</p>
	<p><b>Reasonable assurance</b></p>	<p>Some matters require management attention in control design or compliance.  <b>Low to moderate impact</b> on residual risk exposure until resolved.  <b>Follow up:</b> All high priority recommendations implemented and progress on the medium and low priority recommendations.</p>
	<p><b>Limited assurance</b></p>	<p>More significant matters require management attention.  <b>Moderate impact</b> on residual risk exposure until resolved.  <b>Follow up:</b> No high priority recommendations implemented but progress on most of the medium and low priority recommendations.</p>
	<p><b>No assurance</b></p>	<p>Action is required to address the whole control framework in this area.  <b>High impact</b> on residual risk exposure until resolved.  <b>Follow up:</b> 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.



GIG  
CYMRU  
NHS  
WALES

Partneriaeth  
Cydwasanaethau  
Gwasanaethau Archwilio a Sicrwydd  
Shared Services  
Partnership  
Audit and Assurance Services

NHS Wales Shared Services Partnership  
4-5 Charnwood Court  
Heol Billingsley  
Parc Nantgarw  
Cardiff  
CF15 7QZ

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