

# Deployment of WPAS into MH&LD Final Internal Audit Report

November 2021

Hywel Dda University Health Board

NWSSP Audit and Assurance



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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 & 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 & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit Committee.

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# Executive Summary

## Purpose

Review arrangements in place for the implementation of WPAS into MH&LD.

## Overview


Whilst we recognise the urgency to implement WPAS, our review identified inadequate project management arrangements.

Key matters arising concerned:

- Lack of an internal business case.
- Limited project planning, management and governance.
- Inadequate resource made available to the project, both in number and skill-level.
- Lessons learned not recorded throughout project lifecycle and post-implementation review not yet undertaken.

Notwithstanding an inefficient implementation, the project achieved its purpose as WPAS is operational and stable within MH&LD, therefore, we have concluded an overall assurance rating of **Limited**.

## Report Classification

|   |  | Trend               |
|---|--|---------------------|
| <div>Limited assurance</div> <div></div> | More significant matters require management attention.<br><b>Moderate impact</b> on residual risk exposure until resolved. | N/A<br>First review |

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

| Assurance objectives         | Assurance |
|------------------------------|-----------|
| 1 Resourced plan for rollout | No        |
| 2 Assessment of readiness    | No        |
| 3 Testing                    | No        |
| 4 User training              | Limited   |
| 5 Issues / Lessons Learned   | Limited   |
| 6 Benefits realisation       | No        |

## Matters Arising

|   |                                 | Assurance Objective | Control Design or Operation | Recommendation Priority |
|---|---------------------------------|---------------------|-----------------------------|-------------------------|
| 1 | Project Business Case           | 1,6                 | Design                      | High                    |
| 2 | Project Planning and Initiation | 1,2,3,4             | Design                      | High                    |
| 3 | Governance                      | 1,5                 | Operation                   | High                    |
| 4 | Resources                       | 1                   | Design                      | High                    |
| 5 | Post-implementation Review      | 5                   | 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 Our review of the local deployment of the Welsh Patient Administration System (WPAS) into the Mental Health and Learning Disabilities (MH&LD) directorate was completed in line with the Hywel Dda University Health Board Internal Audit Plan for 2021/22. The relevant lead Executive Director for this review is the Director of Finance.
- 1.2 A 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 won't have 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, both of which were unavailable for MH PAS given its age and fragility.
- 1.3 Since 2003, the Health Board had been utilising the Mental Health Patient Administration System (MH PAS), which was initially developed and maintained in-house within the Pembrokeshire and Derwen NHS Trust's IT department. The MH PAS was responsible for the production and allocation of MH case numbers, and subsequently the system was linked to the electronic clinical record system (Care Partner) which stored patient clinical notes. The Directorate has since moved to holding paperless medical records and is reliant on Care Partner to document all patient activity/risk/care planning.
- 1.4 By 2018, MH PAS had reached 'end-of-life' and became increasingly fragile as a result. The declining sustainability of the system was identified as a risk and recorded on the MH&LD risk register under reference 150. Furthermore, it had been identified that. The probability of system failure was deemed high with the potential for wider disruption such as:
  - inability to register new patients or run follow-up medical outpatient clinics;
  - failure to review and monitor sectioned patients under the Mental Health Act, potentially leading to longer or unlawful detentions;
  - inability to meet national reporting requirements.
- 1.5 A soft go-live was scheduled for 31<sup>st</sup> October 2019 and inpatient activity was double run on both MH PAS and WPAS to ensure data quality. A final go-live date was scheduled for 31st December 2019, however, a series of delays resulted in data such as outpatients and appointments, not going live until 11<sup>th</sup> August 2020.
- 1.6 Our review of the implementation of WPAS into MH&LD ('the project') was conducted following a transparent request by the Health Board to include in the Annual Audit Plan 2021/22, and prior to rolling out to the remaining MH&LD services in the anticipated third phase of the project, as it was identified as a potential area of weakness due to the following;

- the project was undertaken during a period of transition and flux in Executive Leadership;
- following an assessment of time and cost estimates provided by NHS Wales Informatics Service (NWIS) (now Digital Health Care Wales) to undertake the project, an agreement was made between the Digital and MH&LD departments to roll-out WPAS in-house, as the probability of MH PAS failure in the interim was deemed too high;
- the onset of COVID-19 necessitated time, attention and resources be diverted to the Health Board's response to the pandemic. The urgency to implement the project, however, remained the same; and
- due to the points above, it was recognised that project management was not aligned to usual standards and processes, which have been evident in similar Digital audits we have undertaken previously, and that have received assurance ratings of Reasonable or Substantial.

1.7 Furthermore, we acknowledge that as a result of this implementation, the Health Board will become the first in Wales to have a fully integrated PAS system that covers both acute and mental health services.

1.8 The potential risks considered in the review were as follows:

- The project does not meet its deadlines;
- The Health Board does not gain the anticipated benefits from the deployment.

## 2. Detailed Audit Findings

**Objective 1: An appropriately resourced plan for rollout of WPAS is in place and monitored.**

### Project Plan

- 2.1 Whilst a Full Business Case and Outline Business Case were not required in order to implement an instance of a national system, we noted that an internal business case was not developed. In its absence we were unable to confirm the background of the project including ownership, roles and responsibilities, and whether analysis relating to the anticipated benefits, expected risks and costs, including resourcing had been undertaken prior to project initiation. See **Matter Arising 1** in Appendix A.
- 2.2 The project was subject to a Project Initiation Document (PID) and high-level plan. Whilst PRINCE2 methodologies were stated as the method of approach, no detail was recorded of how they were tailored to the project.
- 2.3 Our review of the PID recorded the absence of the following key information:
- identified roles and responsibilities for the project, including governance and project ownership. We noted that there was a lack of clarity over where the

responsibility for the project laid, with the assumption being made within both MH&LD and Digital that the other party was accountable;

- approaches to:
  - i. change control;
  - ii. quality management;
  - iii. benefits management;
  - iv. user training; and
- analysis of project risks.

See **Matter Arising 2** in Appendix A.

2.4 Whilst reference was made in the PID to a formal risk log being maintained throughout the project lifecycle, including countermeasures and likelihood of risk occurrence, we were informed that a project risk assessment was not undertaken prior to implementation. A 'Lessons, Issues, Actions and Risks' (LIAR) log was maintained, however, we identified the following from our review of the latest available log dated 5<sup>th</sup> October 2020:

- risks were not formally assessed and scored;
- benefits were not recorded (blank tab);
- lessons learned were not recorded (blank tab); and
- issues, actions and risks had been removed from previous iterations of the LIAR logs.

See **Matter Arising 2** in Appendix A.

2.5 A high-level plan was developed, which included details on preliminary infrastructure activities including setup, national submissions and project closure. We noted that the plan was dated June 2019 and included start and finish dates aligned to the original go-live date of 31st December 2019. Neither the plan nor the PID were updated to reflect the true timeframe of implementation and progress was not recorded. See **Matter Arising 2** in Appendix A.

2.6 An initial process mapping exercise was undertaken and documented by MH&LD and Informatics in September 2019, to ascertain what data would need to be captured in WPAS from MH PAS and to identify any process gaps. It emerged during implementation that the exercise had not been as effective as anticipated, as MH&LD had not accurately identified all of its processes, resulting in a system failure once WPAS went live. See **Matter Arising 4** in Appendix A.

2.7 Whilst a communication plan was in place, it remained in draft format and dated 9<sup>th</sup> July 2019. We identified that it had not been made bespoke for the project save for named approvers and distribution. Through meetings with key contacts, we were advised that the level of communication between the project group and MH&LD was insufficient for the complexity of the project, which resulted in a series of misunderstandings, particularly around the go-live date of 11<sup>th</sup> August 2020 and the

required data migration from MH PAS to WPAS. See **Matter Arising 2** in Appendix A.

2.8 A Project Group was established and subject to formal Terms of Reference (TOR). We did not identify any Project Group meetings and whilst we noted that the Group met on 9<sup>th</sup> July 2019, no subsequent meetings took place. Therefore, we are unable to determine the following information:

- approval to initiate the project and subsequent approvals of the PID and project plan;
- reasons for, and actions taken, to address the delays to project go-live; and
- project scrutiny and monitoring.

See **Matter Arising 3** in Appendix A.

## Resources

2.9 We identified resourcing of the project as a key constraint to implementing WPAS efficiently and effectively. As noted in paragraph 2.7, MH&LD staff assigned to the project did not have the necessary knowledge of all services within the directorate, resulting in inaccurate system mapping at the outset, which required regular amendments and process revisions by the Informatics team. See **Matter Arising 4** in Appendix A.

2.10 Linked to our above findings on communication and planning, there was a lack of clarity over project resourcing. For both Informatics and MH&LD, project activities amounted to significant workloads for key staff as they were undertaken in addition to their regular duties. One such example was prior to go-live, approximately 12,000 lines of patient caseload data was required to be manually migrated from MH PAS to WPAS. Whilst we recognise the significant amount of work undertaken by the Informatics team to comprehensively map out MH PAS data fields against corresponding fields for input into WPAS, and to produce an accompanying guide. The lack of appropriately skilled staff available within MH&LD to undertake the task resulted in data quality issues. For example, a patient record may have consisted of multiple lines of data but only one line was entered, resulting in incomplete records requiring retrospective correction. We have been informed that this work has since been completed. See **Matter Arising 4** in Appendix A.

## Rollout

2.11 Shortly after go-live, failures occurred with the data feed between WPAS and Care Partner resulting in MH&LD having to enact its business continuity plan, which comprised of keeping paper records for new patients presenting to the service. Following a three-week outage, the feed was restored and approximately 9,000 historical records were amassed which required manual entry into WPAS. Further issues ensued with demographic data errors on Care Partner, including scrambled or incorrect patient names and addresses. Minutes from the MH&LD Informatics Group dated 27<sup>th</sup> October 2020 confirmed that the historical data entry had been

completed and the Care Partner feed had been fixed. See **Matter Arising 4** in Appendix A.

### Conclusion:

2.12 Whilst we recognise the urgency of implementing WPAS into MH&LD and the significant work undertaken by both Informatics and MH&LD teams to operationalise the system, the lack of project ownership, governance, resource, planning and communication resulted in a multitude of failings. We conclude that the implementation deviated from standard digital processes and consequently, we have concluded **No** assurance for this objective.

### Objective 2: An assessment of readiness for rollout is undertaken.

2.13 We were informed by the Head of Informatics that a formal assessment of readiness within MH&LD was not undertaken but an agreement was reached between Informatics and MH&LD that the project needed to progress due to the fragility of MH PAS.

### Conclusion:

2.14 Linked to **Matters Arising 2 & 3** in Appendix A, the lack of assessment of readiness contributed to an inefficient system implementation. Consequently, we have concluded **No** assurance for this objective.

### Objective 3: Appropriate testing is performed prior to rollout.

2.15 There was no documented testing plan in place and whilst we were informed basic system activities were tested such as recording a new patient, testing of MH&LD-specific processes was not undertaken prior to rollout and no testing was undertaken to ensure the data migration had successfully completed. These contributed to the data feed failures noted in paragraph 2.12.

### Conclusion:

2.16 Linked to **Matter Arising 2** in Appendix A, the lack of a testing plan and appropriate testing activities prior to rollout contributed to an inefficient system implementation. Consequently, we have concluded **No** assurance for this objective.

### Objective 4: Appropriate training on the use of the system is provided to users prior to rollout.

2.17 There was no documented training plan in place and whilst the PID made reference to WPAS user training being undertaken by the Application Support Team, no further detail was provided. See **Matter Arising 2** in Appendix A.

2.18 We were advised by MH&LD that initial user training was inadequate as MH&LD-specific processes in WPAS was in early development and had not yet been built, therefore, staff had difficulty in identifying with and understanding generic training material.



2.19 Whilst comprehensive user guides were produced by the Informatics team, a lack of appropriate user training contributed to data quality issues following rollout as staff did not fully understand the new system and new MH&LD speciality codes.

#### Conclusion:

2.20 Linked to **Matter Arising 2** in Appendix A, the lack of a training plan and appropriate user training prior to rollout contributed to an inefficient system implementation. Consequently, we have concluded **Limited** assurance for this objective.

#### **Objective 5: Issues identified as part of the deployment are logged and resolved, with lessons learned collated to feed into future deployments / programmes.**

2.21 Whilst a LIAR log was maintained during implementation, our review identified that lessons have not been recorded throughout the project lifecycle. See **Matter Arising 5** in Appendix A.

2.22 An informal project assessment has been undertaken and from interviews with key contacts, we noted that issues have been identified and the underlying reasons for occurrence have been understood in general. See **Matter Arising 5** in Appendix A.

#### Conclusion:

2.23 Noting the above, we have concluded **Limited** assurance for this objective.

#### **Objective 6: Benefits of the system are clearly defined and a mechanism in place for ensuring realisation of these.**

2.24 Benefits of the system were not defined and documented prior to rollout and we noted no mechanism was in place to monitor or measure them. See **Matters Arising 1, 2 & 3** in Appendix A.

2.25 One of the identified risks of the sustainability of MH PAS was the inability to meet national reporting requirements. Our review highlighted the work undertaken by the Informatics team post-implementation, to develop data quality reports that are regularly shared with MH&LD to inform of issues relating to accuracy, completeness, and consistency. Whilst work is currently continuing to streamline WPAS reporting in line with national standards, we noted that this will be an anticipated benefit.

#### Conclusion:

2.26 Noting the above, we have concluded **No** assurance for this objective.

## Appendix A: Management Action Plan

| Matter Arising 1: Project Business Case (Design)   |               | Impact   |
|--|---------------|--|
| <p>Whilst a Full Business Case and Outline Business Case were not required to implement an instance of a national system, we noted that an internal business case was not developed. In its absence we were unable to confirm the background of the project including ownership, roles and responsibilities, and whether analysis relating to the anticipated benefits, expected risks and costs including resourcing had been undertaken prior to project initiation.</p> |               | <p>Potential risk of:</p> <ul style="list-style-type: none"> <li>The project does not meet its deadlines;</li> <li>The Health Board does not gain the anticipated benefits from the deployment.</li> </ul> |
| Recommendations  |               | Priority   |
| <p>1.1 In the absence of an initial internal business case, Management should ensure that the following is undertaken prior to embarking on the third phase of the project:</p> <ul style="list-style-type: none"> <li>project ownership, roles and responsibilities are agreed and documented; and</li> <li>risks relating to rollout are identified, analysed and documented.</li> </ul>   |               | High   |
| Agreed Management Action   | Target Date   | Responsible Officer  |
| <p>1.1 Agree, and suitable governance arrangements will be established for the remainder of the project as per previous projects, following PRINCE or Agile methodologies. For example:</p> <ul style="list-style-type: none"> <li>Project Group / Project Team</li> <li>Project Initial Documentation,</li> <li>Project Plan</li> </ul>   | December 2021 | Director of Mental Health and Learning Disabilities / Digital Director   |

| Matter Arising 2: Project Planning and Initiation (Design)  | Impact   |
|---|--|
| <p>Our review highlighted that key project management concepts were not applied, and that limited planning was undertaken prior to the rollout of WPAS into MH&amp;LD. We have identified the following as key issues that contributed to the delays and problems incurred during the implementation:</p> <ul style="list-style-type: none"> <li>• approaches to change control, quality management, benefits management and user training were not defined within the PID;</li> <li>• PID and high-level plan were not updated following delays to rollout of second phase;</li> <li>• project risks not appropriately analysed or sufficiently monitored;</li> <li>• no testing plan and limited testing undertaken prior to rollout;</li> <li>• incomplete gap analysis;</li> <li>• assessment of readiness was not undertaken; and</li> <li>• inadequate communication plan.</li> </ul> | <p>Potential risk of:</p> <ul style="list-style-type: none"> <li>• The project does not meet its deadlines;</li> <li>• The Health Board does not gain the anticipated benefits from the deployment.</li> </ul> |
| Recommendations   | Priority   |
| <p>2.1 Whilst recognising that the project is embarking on its third phase, Management should ensure that the Project Initiation Document is updated to reflect the arrangements in place, including:</p> <ul style="list-style-type: none"> <li>○ project ownership and agreed project roles and responsibilities;</li> <li>○ communication management approach; and</li> <li>○ detailed training plan.</li> </ul>   | High   |
| <p>2.2 A risk analysis exercise is undertaken prior to the third phase and any identified risks are assigned ownership.</p>   | High   |
| <p>2.3 The project plan should accurately reflect activities to be undertaken in the third phase, including timescales for delivery.</p>  | High   |
| <p>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.</p>   | High   |

| Agreed Management Action  | Target Date   | Responsible Officer  |
|---|---------------|--|
| 2.1 Agreed, and the completion of the PID will form part of the achievement of recommendation 1   | December 2021 | Director of Mental Health and Learning Disabilities / Digital Director |
| 2.2 Agreed, and the completion of the risk analysis will form part of the achievement of recommendation 1 and will be a key element of the project initiation                   | December 2021 | Director of Mental Health and Learning Disabilities / Digital Director |
| 2.3 Agreed, and the completion of the project plan will form part of the achievement of recommendation 1  | December 2021 | Director of Mental Health and Learning Disabilities / Digital Director |
| 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 | April 2022    | Director of Mental Health and Learning Disabilities / Digital Director |

| Matter Arising 3: Project Governance (Operation)   |               | Impact   |
|--|---------------|--|
| <p>A Project Group was established and subject to formal Terms of Reference (TOR). We did not identify any Project Group meetings and whilst we noted that the Group met on 9th July 2019, no subsequent meetings took place. Therefore, we are unable to determine the following information:</p> <ul style="list-style-type: none"> <li>• approval to initiate the project and subsequent approvals of the PID and project plan;</li> <li>• reasons for, and actions taken, to address the delays to project go-live; and</li> <li>• project scrutiny and monitoring.</li> </ul> |               | <p>Potential risk of:</p> <ul style="list-style-type: none"> <li>• The project does not meet its deadlines;</li> <li>• The Health Board does not gain the anticipated benefits from the deployment.</li> </ul> |
| Recommendations  |               | Priority   |
| 3.1 Management should ensure that prior to the third phase, a project / implementation group is established in line with agreed roles and responsibilities, and that Executive sign-off is received and documented prior to initiation.  |               | <b>High</b>  |
| 3.2 Management should ensure that staff assigned to the third phase of the project meet regularly, with decisions, actions and issues monitored and documented.  |               | <b>Medium</b>  |
| Agreed Management Action   | Target Date   | Responsible Officer  |
| 3.1 Noted and agreed. A new project group will be established with suitable representation from the Mental Health and Learning Disabilities Directorate and Digital Services   | December 2021 | <p>Project Team<br/>Proposed Project Managers</p> <ul style="list-style-type: none"> <li>• Gareth Beynon</li> <li>• Karen Amner</li> </ul>   |

|   |                     |  |
|---|---------------------|--|
| 3.2 A Project Group will be re-established with ToR that will set out membership, frequency of meetings, and key role and responsibilities of the Group, and the reporting arrangements | Review January 2022 | Director of Mental Health and Learning Disabilities / Digital Director |
|---|---------------------|--|






| Matter Arising 4: Project Resource (Design)  |             | Impact   |
|--|-------------|--|
| <p>MH&amp;LD staff assigned to the project did not have the necessary knowledge of all services within the directorate, resulting in inaccurate system mapping at the outset between MH PAS and WPAS, which required regular amendments and process revisions by the Informatics team.</p> <p>Insufficient resources made available from both Informatics and MH&amp;LD resulted in heavy workloads for project members and several data quality issues.</p> |             | <p>Potential risk of:</p> <ul style="list-style-type: none"> <li>The project does not meet its deadlines;</li> <li>The Health Board does not gain the anticipated benefits from the deployment.</li> </ul> |
| Recommendations  |             | 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.   |             | High   |
| Agreed Management Action   | 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   | May 2022    | Gareth Beynon / Karen Amner  |

| Matter Arising 5: Post-Implementation Review (Design)   |               | Impact   |
|---|---------------|--|
| <p>Whilst a LIAR log was maintained during implementation, our review identified that lessons have not been recorded throughout the project lifecycle</p> <p>An informal project assessment has been undertaken and from interviews with key contacts, we noted that issues have been identified and the underlying reasons for occurrence have been understood in general.</p> |               | <p>Potential risk of:</p> <ul style="list-style-type: none"> <li>• The project does not meet its deadlines;</li> <li>• The Health Board does not gain the anticipated benefits from the deployment.</li> </ul> |
| Recommendations   |               | 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.  |               | High   |
| Agreed Management Action  | Target Date   | Responsible Officer  |
| 5.1 To undertake a post-implementation review of the first 2 phases, and use the learning to inform the PID and Project Plan for Phase 3  | December 2021 | Project Team   |

# 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.<br><b>Low impact</b> on residual risk exposure.  |
|    | <b>Reasonable assurance</b>     | Some matters require management attention in control design or compliance.<br><b>Low to moderate impact</b> on residual risk exposure until resolved.  |
|    | <b>Limited assurance</b>        | More significant matters require management attention.<br><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.<br><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.<br>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    |
|----------------|--|----------------------|
| High           | Poor system design OR widespread non-compliance.<br>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.<br>Some risk to achievement of a system objective.  | Within one month*    |
| Low            | Potential to enhance system design to improve efficiency or effectiveness of controls.<br>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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# Follow-up: Deployment of WPAS into MH&LD Final Internal Audit Report

February 2022

Hywel Dda University Board

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Executive Summary

**Purpose**

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

**Overview of findings**

Considerable progress has been made in addressing the five matters arising from the previous internal audit, completed only two months ago. Management acted promptly to review and update project management documentation and strengthen governance arrangements.

The five matters arising led to eight high-priority and one medium-priority recommendations within the report.

Agreed actions relating to four of the high priority recommendations have been addressed and closed, two are on-going and not yet due for review (2.4 and 4.1) and two have been partially implemented and are therefore, reiterated in this report:



- High-level constraints to the project have been documented within the Project Initiation Document, however, a risk analysis exercise has not yet been undertaken.
- Lessons learned from the previous project phases have not yet been formalised.






In respect of the two on-going recommendations not yet due for review, positive progress has been made and are on track to be implemented by the agreed target dates.

The medium priority recommendation has been implemented and closed.

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

Follow-up Report Classification

|  | Trend   |
|--|---|
| Reasonable<br> |  |

| Progress Summary                  |                          |   |                         |
|-----------------------------------|--------------------------|---|-------------------------|
| Previous Matters Arising          | Previous Priority Rating | Direction of Travel   | Current Priority Rating |
| 1 Project Business Case           | High                     |   | Closed                  |
| 2 Project Planning and Initiation | High                     |  | Medium                  |
| 3 Governance                      | High                     |  | Closed                  |
| 4 Project Resource                | High                     |  | Not due for review      |
| 5 Post-implementation Review      | High                     |  | Medium                  |

## 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 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 previous audit was completed in November 2021 (H DUHB-2122-16) and reported **Limited** assurance. We identified a number of concerns with the adequacy of overall project management, and several recommendations were made and agreed to be implemented prior to the anticipated third phase of the project.
- 1.4 The purpose of this follow-up review is to evaluate progress in implementing recommendations with a target date of December 2021 and January 2022 only. For clarification, recommendations 2.4 and 4.1 are not yet due, however, we have considered the progress made against them as part of this review. 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.
- 1.5 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                     | 8                         | 4  | 2*                                       | 2   |
| Medium                   | 1                         | 1  |  |   |
| Low                      | 0                         |  |  |   |
| Total                    | 9                         | 5  | 2  | 2   |

\* The two actions ongoing refer to those not yet due for review.

- 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 Recommendation  |                                | Original Priority                    |
| 2.1 Whilst recognising that the project is embarking on its third phase, Management should ensure that the Project Initiation Document is updated to reflect the arrangements in place, including: <ul style="list-style-type: none"> <li>• project ownership and agreed project roles and responsibilities;</li> <li>• communication management approach; and</li> <li>• detailed training plan.</li> </ul> |                                | High                                 |
| 2.2 A risk analysis exercise is undertaken prior to the third phase and any identified risks are assigned ownership.   |                                | High                                 |
| 2.3 The project plan should accurately reflect activities to be undertaken in the third phase, including timescales for delivery.  |                                | High                                 |
| 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.   |                                | High                                 |
| Management Responses   | Target Date                    | Responsible Officer                  |
| 2.1 Agreed, and the completion of the PID will form part of the achievement of recommendation 1.   | 31 <sup>st</sup> December 2021 | Director of MH&LD / Digital Director |
| 2.2 Agreed, and the completion of the risk analysis will form part of the achievement of recommendation 1 and will be a key element of the project initiation.   | 31 <sup>st</sup> December 2021 | Director of MH&LD / Digital Director |

| 2.3 Agreed, and the completion of the project plan will form part of the achievement of recommendation 1.  | 31 <sup>st</sup> December 2021 | Director of MH&LD /<br>Digital Director  |
|--|--------------------------------|--|
| 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.   | 30 <sup>th</sup> April 2022    | Director of MH&LD /<br>Digital Director  |
| Current findings   |                                | Residual Risk  |
| <p>The PID has been updated to include agreed project ownership and project management structure. The communications approach has been documented including the receiving committees / groups of project highlight reports and the use of global e-mails and the Health Board's staff newsletter "Hywel's Voice".</p> <p>A decision has not yet been reached as to which of the remaining services will proceed with the WPAS rollout first, which has impacted on the ability to proceed with the following:</p> <ul style="list-style-type: none"> <li>• risk analysis;</li> <li>• training plan; and</li> <li>• project activity timings.</li> </ul> <p>Whilst a detailed plan has been developed listing the activities to be undertaken during the project lifecycle including projected timescales for delivery, dates cannot yet be specified.</p> <p>A task has been assigned to the Project Group to progress with the training plan once confirmation is received on which services are to go-live. This is confirmed via the Action Table from the Project Group meeting dated 11 January 2022.</p> <p>Recommendation 2.4 is not yet due for review, however, we were informed by the Digital Director that a testing plan is currently being considered.</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    |   |
|-----------------------|--|-------------|---|
| 2.1                   | 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. | Medium      |   |
| Management Response   |  | 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)  | March 2022  | Director of MH&LD /<br>Digital Director |

| Previous Matter Arising 4: Post-Implementation Review (Design)   |                           |  |
|--|---------------------------|--|
| Original Recommendation  |                           | 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 <i>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.</i> | 31 <sup>st</sup> May 2022 | Project Team<br>Proposed Project Managers <ul style="list-style-type: none"> <li>Gareth Beynon</li> <li>Karen Amner</li> </ul> |

| Current findings   | Residual Risk |
|--|---------------|
| Whilst this recommendation is not due for review, progress has been made and we can confirm a Band 5 Application Support Specialist is currently being advertised with a closing date of 14 February 2022. | N/A           |

| Previous Matter Arising 5: Post-Implementation Review (Design)   |  |  |
|--|--|--|
| Original Recommendation  | 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. | High   |  |
| Management Responses   | Target Date  | Responsible Officer  |
| 5.1 To undertake a post-implementation review of the first 2 phases and use the learning to inform the PID and Project Plan for Phase 3.   | 31 <sup>st</sup> December 2021   | Director of Mental Health and Learning Disabilities / Digital Director |
| Current findings   | Residual Risk  |  |
| Whilst lessons learned have not been formalised, findings from the original audit report (H DUHB-2122-16) have been used to inform the PID and general discussions have taken place amongst the Project Team.  | Failure to adequately evaluate implementation effectiveness of previous phases may result in repeated ineffective or incomplete actions during the remaining project phases. |  |

| New Recommendation(s) |   | Priority  |
|-----------------------|---|---|
| 5.1                   | Management should ensure that lessons learned are formalised.   | Medium  |
| Management Response   |   | 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. | Director of Mental Health and Learning Disabilities / Digital Director / Project Team |

## Appendix B: Previous Matters Arising Now Closed

| Previous Matter Arising 1: Project Business Case (Design)   |                                |  |
|---|--------------------------------|--|
| Original Recommendation   |                                | Original Priority  |
| <p>1.1 In the absence of an initial internal business case, Management should ensure that the following is undertaken prior to embarking on the third phase of the project:</p> <ul style="list-style-type: none"> <li>• project ownership, roles and responsibilities are agreed and documented; and</li> <li>• risks relating to rollout are identified, analysed, and documented.</li> </ul>   |                                | <b>High</b>  |
| Management Response   | Target Date                    | Responsible Officer  |
| <p>1.1 Agree, and suitable governance arrangements will be established for the remainder of the project as per previous projects, following PRINCE or Agile methodologies. For example:</p> <ul style="list-style-type: none"> <li>• Project Group / Project Team</li> <li>• Project Initial Documentation,</li> <li>• Project Plan.</li> </ul>   | 31 <sup>st</sup> December 2021 | Director of Mental Health and Learning Disabilities / Digital Director |
| Current findings  |                                | Residual Risk  |
| <p>Joint project ownership has been agreed between the Digital Director and Director of Mental Health and Learning Disabilities and documented within the updated Project Initiation Document (PID). A Project Group has been established with appropriate membership as evidenced by its Terms of Reference.</p> <p>Whilst the PID identifies high-level constraints to the project, detailed risks relating to rollout of WPAS to the remaining services have not yet been analysed and documented.</p> |                                | N/A  |

**Conclusion:** Appropriate action has been taken to address the issue of project management previously identified. Whilst detailed risks have not yet been identified, this will be further actioned under matter arising 2.2 in the Management Action Plan (Appendix A), consequently, previous matter arising 1 is closed.

### Previous Matter Arising 3: Project Governance (Operation)

| Original Recommendations  |                                | Original Priority   |
|---|--------------------------------|---|
| 3.1 Management should ensure that prior to the third phase, a project / implementation group is established in line with agreed roles and responsibilities, and that Executive sign-off is received and documented prior to initiation. |                                | <b>High</b>   |
| 3.2 Management should ensure that staff assigned to the third phase of the project meet regularly, with decisions, actions and issues monitored and documented.   |                                | <b>Medium</b>   |
| Management Responses  | Target Date                    | Responsible Officer   |
| 3.1 Noted and agreed. A new project group will be established with suitable representation from the Mental Health and Learning Disabilities Directorate and Digital Services.   | 31 <sup>st</sup> December 2021 | Project Team<br>Proposed Project Managers:<br>Gareth Beynon<br>(Head of Information Services)<br>Karen Amner<br>(Directorate Support Manager) |
| 3.2 A Project Group will be re-established with ToR that will set out membership, frequency of meetings, and key role and responsibilities of the Group, and the reporting arrangements.  | Review January 2022            | Director of MH&LD /<br>Digital Director   |

| Current findings  | Residual Risk |
|---|---------------|
| <p>A Project Team and Project Group have been established with appropriate representation from across MH&amp;LD and Digital Services. A Terms of Reference (ToR) has been created for the Project Group, which sets out its membership, principal duties, and governance arrangements.</p> <p>The Project Team has met on a monthly basis since October 2021 as evidenced by its action log, which provides details such as discussion summaries and resulting actions, lead project team member, and action updates.</p> <p><b>Conclusion:</b> Sufficient and appropriate action has been taken to address the issues previously identified. Consequently, the prior matter arising is closed.</p> | <p>N/A</p>    |

## 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:

|  |                              |  |
|--|------------------------------|--|
|  | <b>Substantial assurance</b> | <p>Few matters require attention and are compliance or advisory in nature.</p> <p><b>Low impact</b> on residual risk exposure.</p> <p><b>Follow up:</b> All recommendations implemented and operating as expected</p>  |
|  | <b>Reasonable assurance</b>  | <p>Some matters require management attention in control design or compliance.</p> <p><b>Low to moderate impact</b> on residual risk exposure until resolved.</p> <p><b>Follow up:</b> All high priority recommendations implemented and progress on the medium and low priority recommendations.</p> |
|  | <b>Limited assurance</b>     | <p>More significant matters require management attention.</p> <p><b>Moderate impact</b> on residual risk exposure until resolved.</p> <p><b>Follow up:</b> No high priority recommendations implemented but progress on most of the medium and low priority recommendations.</p>                     |
|  | <b>No assurance</b>          | <p>Action is required to address the whole control framework in this area.</p> <p><b>High impact</b> on residual risk exposure until resolved.</p> <p><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.<br>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.<br>Some risk to achievement of a system objective.  | Within one month*    |
| Low            | Potential to enhance system design to improve efficiency or effectiveness of controls.<br>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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