Local Public Health Teams
Final Internal Audit Report

August 2022

Public Health Wales NHS Trust

Contents

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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.

Executive Summary

Purpose

The overall scope of the audit is to consider the planned project approach and its implementation.

Overview

We have issued substantial assurance on this area.

The matters requiring management attention are:

- Inadequate completion of the project's risk register.

- Documentation was not always available to evidence the approval process.

Report Opinion

Substantial

Few matters require attention and are compliance or advisory in nature.

Low impact on residual risk exposure.

Assurance summary[1]

	Objectives	Assurance
1	There is an authorised Project Initiation Document (PID) in place.	Substantial
2	The project team has the necessary skills and experience to deliver the project, with a Staff Stakeholder Forum in place to support and assist where necessary.	Substantial
3	A Memorandum of Understanding has been developed confirming the Trust and health board commitments.	Substantial
4	The workstreams within the project have set deliverables and milestones that are detailed in individual workstream plans.	Substantial
5	Project risks are captured and regularly monitored.	Reasonable
6	Regular reporting takes place at relevant levels within the Trust.	Substantial

[1]The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising

		Objective	Control Design or Operation	Recommendation Priority
1	Administration of the project's risk register	5	Operation	Medium

1. Introduction

1.1   Our audit review of the Local Public Health Teams was completed in line with the 2022/23 Internal Audit Plan for Public Health Wales NHS Trust (the 'Trust').

1.2   Currently Local Public Health Team (LPHT) staff are employed by the Trust, but actively work within the seven health boards. In October 2021 the Welsh Government approved the transfer of LPHT staff from the Trust to the Local Health Boards. It was highlighted that the changes would:

  • enable local health boards, and specifically local Directors of Public Health, to have full control of local health resources, so they can be optimally deployed in improving regional and local public health outcomes; and

  • clarify strategic and operational accountability for local public health delivery as part of strengthening the wider public health system.

1.3   A project has been established with six workstreams to transfer LPHT staff and resources to their respective health board. After an initial pause to allow staff to focus on the Omicron variant of Covid, project work restarted in April 2022. A project Board, Senior Responsible Officer and project management team have been put in place. In addition, a staff stakeholder function has been set up to provide advice. The project is due for completion on the 30 September 2022.

1.4   The relevant lead contact for this review is the Director of People and Organisational Development.

1.5   The risks considered in this review were as follows:

  • Project is not completed on schedule if workstream objectives are not being monitored, reviewed and implemented in line with the agreed milestones.

  • Reputational damage as the project is not completed by the target date.

2. Detailed Audit Findings

Objective 1: There is an authorised Project Initiation Document (PID) in place setting out the objectives, resource requirements, risks, benefits and project team roles and responsibilities. The project's reporting lines and timescales have been agreed prior to the start of the project.

2.1   The Project Initiation Document (PID) was first produced in October 2021 with a staff transfer date of 31 March 2022, however, as a result of Covid the project Board agreed to pause the project in January 2022. It was formally restarted in May 2022 with a new transfer date of 30 September 2022.

2.2   The PID was revised and updated in April 2022 to reflect relevant timescales and information and was formally approved by the project Board in May 2022. The PID includes the following information:

  • Project outcomes and objectives.

  • Project issues and risks.

- Achievement of timescales including a Project high level plan/ plan on a page, detailed plan, workstream plans, project level milestones.
- Defined roles and responsibilities.
- Details of the workstreams (Finance, Facilities and assets, people, Informatics, communications and engagement, and future system working) including their scope and objectives and approach; and
- High level stakeholders list detailed within the communication and engagement workstream section.

Conclusion:

2.3   The PID includes sufficient and key information. Although there was a delay in approval as a result of Covid, this has not affected the Project team in carrying out the set processes as outlined within the PID. (Substantial Assurance).

Objective 2: The project team has the necessary skills and experience required to deliver the project, with a Staff Stakeholder Forum in place to support and assist where necessary.

2.4   The project team consists of a Senior Responsible Officer (SRO), Programme Manager, Project support Coordinator and leads for each of the six workstreams.

2.5   The leads in the workstreams are senior staff in their areas with some members having past experience in working on staff transfer projects.

2.6   A stakeholder's staff forum (SSF) was established to support the project team and Board. The terms of reference of the forum confirmed that its role was to ensure that staff views are understood and properly considered during the transfer process. The SSF includes trade union representatives, staff groups, professional bodies, and networks affected by the transfer.

2.7   The project team and SSF have a Microsoft teams' channel where live documents are shared and responded to. Emails are sent so SSF members (non-NHS staff) to allow then to contribute and view feedbacks. The project team also provides relevant papers for the agenda prior to the forums meeting.

2.8   A SharePoint page has been set up to allow staff to access resources, documents and plans about the staff transfer project.

Conclusion:

2.9   The project team consists of experienced senior staff with the ability to carry out their roles and responsibilities. The SSF has contributed to the execution of the project by supporting and providing advice. (Substantial Assurance)

Objective 3: A Memorandum of Understanding has been developed confirming the Trust and health board commitments.

2.10 The MoU has been developed in two parts:

- **Part 1** is an operational document focussed on maintaining business continuity during the transfer of LPHT staff to health boards on 30 September 2022.
- **Part 2** will be a strategic document focused on improving and strengthening the public health system across Wales. MoU sign off by the individual health boards is planned for September 2022.

2.11 The objective of the Future System Working workstream was to develop and agree a single Memorandum of Understanding (MoU) between the Trust and the Health Boards.

2.12 Appendix A of the MoU highlights the roles and responsibilities of the Trust and health boards by classifying them into two sections, the Public Health workforce development section, and the co-ordination and Public Health information and intelligence section.

2.13 The MoU was shared with, and collaborated by, the project board, SSF and with the staff being transferred. The SSF requested staff to review it. In addition, it was sent to the Executive Directors of the health boards who were responsible for sharing it with their transfer teams.

2.14 The project team maintained a MoU comments log highlighting staff's comments on the MoU.

Conclusion:

2.15 The MoU scoping document has been prepared in a robust manner, reviewed and approved by key parties. Part 2 is currently a work in progress. The MoU highlights the roles and responsibilities of the health boards and the Trust. (Substantial Assurance)

Objective 4: The workstreams within the project have set deliverables and milestones that are detailed in individual workstream plans and these are being monitored and actions taken where necessary.

2.16 There is a detailed and overall project plan which highlights the milestones for the workstreams. There is also a plan on a page document detailing the monthly targets of the different workstreams. These plans are documented in the Project Initiation Document (PID).

2.17 We reviewed the Information Technology and Workforce & OD workstreams' deliverables and milestones to ensure that they are monitored and in line with expectations. We identified a small number of exceptions regarding actions undertaken compared to the set target date. *(Matter Arising 2 – Low Priority)*

2.18 A weekly status report is completed and updated monitoring each of the workstreams to ensure that milestones are achieved. The report identifies the

actions from previous weeks and subsequent weeks alongside current risks relating to each workstream.

Conclusion:

2.19 The project has an overall project plan and workstream plans with key milestones and target dates. Although a few observations were made from our review of the selected workstreams, the project team, project board and other key parties are collectively and individually working to meet the goal of staff transfer for September 2022. (Substantial Assurance)

Objective 5: Project risks are captured and regularly monitored.

2.20 The project's risk register is located within the RAID (Risk, Actions, Issues & Decisions) log and is available to the workstream leads and SRO on the Microsoft teams' channel. The workstreams do not have individual risk registers as their risks are captured in the overall project's risk register.

2.21 A Local Public Health Transfer of staff Project report is presented to the Executive team and includes an extract of the highest scoring risks.

2.22 The project board and team are made aware of the risks via a highlight report. Current risks are usually included as a part of the highlight report. Our review of the last three fortnight highlight reports identified that risks are transferred from this document onto the project risk register.

2.23 We reviewed the project's risk register to confirm that the risks are adequately managed and updated. There were a few findings as a result of the review. ***(Matter Arising 1 – Medium Priority)***

Conclusion:

2.24 The risk register should be regularly reviewed, with updates recorded. In addition, the risk register was not always adequately completed. (Reasonable Assurance)

Objective 6: Regular reporting takes place at relevant levels within the Trust.

2.25 The project's governance arrangement structure includes a Project Board and a project management team who are supported by the staff stakeholder's forum.

2.26 The project has a Senior Responsible Owner (SRO), Local Public Health Team Project Manager and project support staff.

2.27 The Project Board meets each month and is chaired by the Deputy Director of Health Protection and Screening Services who is the SRO. It also includes Health Board Executive directors, the Deputy Director for Finance and Operations, the Executive Director of Health and Wellbeing, programme and project managers, and the workstream leads.

2.28 Our review of the Project Board's attendance for the last three month showed a suitable representation from the seven health boards and overall a good level of attendance.

2.29 Although we saw evidence of monitoring at the project team level with the use of the weekly and fortnightly reporting, the project team does not formally document these meetings.

2.30 The Trust is made aware of any updates to the project via a Business Executive Team report.

Conclusion:

2.31 There are adequate governance arrangements in place for reviewing and reporting on the Local Public Health Teams staff transfer project. (Substantial Assurance)

Appendix A: Management Action Plan

Matter Arising 1: Administration of the risk register	Impact
We reviewed the project's risk register to ensure risks were captured, regularly reviewed, and updated appropriately. There were 27 risks within the risk register, 15 of which were closed. We made the following observations: • Eight risks did not have a risk owner. • The escalation field for the high impact and probability scores was not completed for all the risks recorded. • There was no update provided on the progress of the risks. • There was no record of the date of last review of the risks. We also note that 17 risks did not have a 'start' date, and 2/15 closed risks did not have a closing date entered. Risks within the fortnight highlight report are collated during meetings with workstream leads and are transferred and captured in the project risk register. Our review of the last three Project Board meetings did not identify evidence of escalation, review or discussion regarding the risk register at these meetings.	Potential risk of: • Risks to the achievement of the project's objectives are not being actively managed.

Recommendations		Priority
1.1	Management should ensure the project risk register is adequately completed and updated to reflect the date of last review and action undertaken.	**Medium**
1.2	High level risks should be reviewed periodically by the project Board.	**Medium**

Agreed Management Action	Target Date	Responsible Officer
1.1 The Programme Manager and Project Support Coordinator have already taken steps to review and further amend the risk register to provide additional information including: ensuring risk owners are noted for each risk, completing the escalation field, closure dates entered where known, creating and completing a reason for closure field. In going forward, the Programme Manager will ensure that at each fortnightly risk review meeting, the project team will provide dated updates on the progress of risks. The Programme Manager has also shared this learning with colleagues in the central PMO team.	26 September 2022 (the next risk review fortnightly meeting)	Hannah Lindsay, Programme Manager
1.2 The SRO will ensure that risks to the project are raised at the remaining Project Board meetings within a specific section of the agenda, to be reviewed and confirmed by the Project Board members. The Programme Manager has also shared this learning with colleagues in the central PMO team.	13 September 2022 (the next Project Board meeting)	Andrew Jones, Project SRO

Matter Arising 2: Workstreams meeting with set Milestone and target dates (Operation)	Impact
We reviewed the Information Technology and Workforce & OD workstreams to ensure that the deliverables and milestones detailed in their individual workstream plans were monitored and in line expectations. There was a milestone within the IT workstream, '*Secure Information Governance approval for data transfer and continued data and systems access*' with a target date of 31 May 2022. An informal meeting was held, however, there was no evidence that Information Governance approval was undertaken. There was a milestone within the People & OD workstream confirming '*Consultation document agreed and signed off*' with a target date of 3 May 2022 but there was no clear confirmation of sign off despite its presentation at the Project Board meeting and meeting notes outlining that adjustments had been made to the document.	Project is not completed on schedule if workstream objectives are not being monitored, reviewed and implemented in line with the agreed milestones.

Recommendations		Priority
2.1	For current and future projects where approval of a process or document is required, there should be available documentation to evidence the approval process.	Low

Agreed Management Action		Target Date	Responsible Officer
2.1	Within this project and future project, the Programme Manager will ensure to receive written confirmation of all decisions made in relation to the milestone of the project. The Programme Manager has also shared this learning with colleagues in the central PMO team.	NA	Hannah Lindsay, Programme Manager

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:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
	No assurance	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

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

Priority level	Explanation	Management action
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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